

CITY OF LIVERPOOL.



EDUCATION COMMITTEE.

REPORT

ON THE WORK OF THE

SCHOOL MEDICAL SERVICE

FOR THE YEAR

1932

BY

W. M. FRAZER, M.D., M.Sc. D.P.H.,

Medical Officer to the Education Authority

Received by the Education Committee on the 29th May, 1933.

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EXPLANATION OF TECHNICAL TERMS USED IN THIS REPORT.

Albinism	Congenital absence of pigment in hair and eye.
Astigmatism	Defective sight due to cornea being unequally curved.
Attic cavity	A small compartment inside the ear.
Auricular eczema	Eczema of the ear.
Blepharitis	Inflammation of the margins of the eyelids.
Buphthalmos	A large bulging eye, means literally "Ox-eye."
Caries	Decay of bone or teeth.
Cataract	An opaque condition of the lens of the eye.
Choroiditis	Inflammation at the back of the eye.
Coloboma	An incompletd circle of the coloured part of the eye.
Conjunctivitis	Inflammation of the transparent membrane lining the front of the eye and the inner surface of the eyelids.
Cornea	The transparent part of the eye in front of the pupil.
Corneal opacity	An opaque condition of the cornea resulting from ulceration.
Corneal ulcers	Ulcers on the cornea or clear part in front of the eye.
Furunculosis	A technical term for boils.
Granulations	Proud flesh.
Hypermetropia	Long sight.
Impetigo	Contagious sores with yellow crusts on, often associated with dirty and verminous conditions.
Intrathoracic Glands ...	Glands inside the chest.
Keratitis	Inflammation of the cornea.
Kerato-irido-cyclitis ...	Inflammation of various parts of the eye.
Mastoid	The mastoid bone which lies immediately behind the ear, and communicates internally with it.
Meatus	The external opening of the ear.
Myopia	Short sight.
Nystagmus	A trembling condition of the eye-balls.
Ophthalmia neonatorum	Inflammation of the eyes in the newly-born.
Optic atrophy	Degeneration of the nerve of the eye.
Otitis media	Inflammation of the inside of the ear.
Otorrhœa	A discharge from the ear (running ear).
Pediculosis	Infection with lice.
Polypi	Growths hanging by a stalk.
Retina	The sensitive nervous layer at the back of the eye by which we see.
Retinitis pigmentosa ...	Hereditary disease in which black pigment is formed at the back of the eye.
Rhinitis	Inflammation of the mucous membrane of the nose.
Scabies	A contagious skin condition commonly known as "itch."
Sinusitis	Inflamation of a Sinus, this being a hollow cavity in a bone.
Spastic paralysis	A form of paralysis producing rigidity.
Suppuration	Inflammation resulting in the formation of pus.
Talipes	Club-foot.
Torticollis	"Wry-neck."
Trachoma	A chronic contagious disease of the eye.
Turbinates	Small bones in the side walls of the nose.
Tympanic sepsis	Pus formation inside the ear.
Urticaria	Nettle Rash.
Zinc ionisation	A method of treating disease of the ear by means of a zinc solution applied electrically.



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SCHOOL MEDICAL DEPARTMENT,
MUNICIPAL ANNEXE,
DALE STREET, LIVERPOOL, 2,

May, 1933.

MY LORD MAYOR, LADIES AND GENTLEMEN,

As Medical Officer to the Liverpool Education Authority, I have pleasure in submitting the Annual Report on the work of the School Medical Service for the year 1932.

Whilst there have been no outstanding developments during the year, it is gratifying to be able to report another successful period of service by the Department.

The only change in the Staff which occurred since my last Report was the appointment of Dr. Clouston to replace Dr. Cohen who resigned at the end of the previous year.

At the beginning of the year, the Department moved into new offices on the top floor of the Municipal Annexe, adjoining the Education Office. Apart from the fact that the accommodation in the old offices in Sir Thomas Street was too small, they had the disadvantage of being located in two separate buildings, which tended to handicap the efficient administration of the work. The new offices are compact, and provide a separate entrance and lift for children attending for medical examination.

In May the Norris Green Clinic, provided jointly by the Health and Education Committees, was opened. So far as the Education Committee is concerned, the Clinic provides for the treatment of Minor Ailments, Dental Defects and Defective Vision.

A careful study of the Report will give some idea of the extent to which physical defects prevail amongst school children, and depict some of the adverse influences which, if not remedied, would result in a considerable wastage of educational effort.

Though not easily assessable, the value of the work of the Department in promoting the health of children is considerable,

as is evidenced by reference to the tables of statistics at the end of the Report relating to the treatment of large numbers of children suffering from defects discovered by the School Medical Staff.

I am satisfied that the service is being conducted in a thoroughly economical manner. Most of the work required to be undertaken by the Board of Education is being carried out. The dental branch, however, is still inadequately staffed, and it is hoped that when conditions improve the earliest opportunity will be taken to remedy this deficiency.

Comment has been made in previous Annual Reports on the fact that thousands of permanent teeth have to be extracted by the School Dental Officers because of previous failure on the part of the parents to take advantage of the preventive object of the scheme. This adverse comment not only still holds true, but applies more strongly to-day even than formerly, as a study of the returns of the work done at the Clinics shews. Thus for every 100 children treated, 70 permanent teeth required extraction. This compares very badly with the figure of 25 for the country as a whole. Further, 60 per cent. of the work undertaken in connection with permanent teeth was in the nature of extractions, and only 40 per cent. was preventive work, i.e., saving the teeth by fillings.

To a small extent, however, these excessive extractions are attributable to the inclusion within the scheme of the children of some schools which had not previously been on the dental list. Nevertheless it is clear that the preventive object for which the scheme was inaugurated is far from being achieved, and the time of the Dental Officers is not being utilised to the best advantage.

The question therefore arises as to what practical steps can be taken to utilise the money allocated to the dental service to a relatively greater extent for preventive work.

Analysis of the acceptance returns from the various schools shews that some have a regular annual acceptance rate of 50 per cent. or over, whilst on the other hand, there are some schools with an acceptance rate of less than 20 per cent. It is

clear that in these latter schools few of the parents appreciate the treatment provided by the Committee, and furthermore it must be borne in mind that much of the work undertaken in connection with the dental scheme in these schools, such as the inspection of the children and the notification of the parents, is wasted.

It would seem that whilst there are insufficient School Dental Officers to cope with all the schools in the City, the money and labour expended would be more advantageously utilised by temporarily withdrawing such schools from the dental scheme and extending the scheme to those schools where it would be better appreciated.

In this manner the School Dental Service would achieve to a greater extent the purpose for which it was instituted, namely the building up and maintaining of sound permanent teeth which will help the children not only to keep fit during school life but also to ward off those conditions of ill-health in adult life which are attributable to dental decay.

I would like to draw special attention to the valuable and interesting report by Mr. Courtenay Yorke, the Surgeon to the Committee's Tonsils and Adenoids Clinic, which will be found on page 13.

The following is a summary of the cases treated under the Committee's Schemes:—

Dental caries ...	...	...	...	...	...	19,232
Miscellaneous minor ailments	...	...	...	...	...	19,809
Defective vision	...	...	...	...	...	6,262
Skin diseases	...	...	...	...	...	5,024
Eye diseases ...	...	...	...	...	...	3,749
Ear diseases ...	...	...	...	...	...	2,910
Tonsils and adenoids	...	...	...	...	...	1,646
Orthopaedic ...	...	...	...	...	...	637

In addition to the above, 29,418 children attended the various Cleansing Stations for treatment.

During the year the following new schools were opened, viz., Prince Edwin Street Council School, Winstone Road Council School, St. Teresa's R.C. School, and Everton Road Nursery School, whilst Speke C.E. School was transferred from the Lancashire County Council.

There were at the end of the year 190 public elementary schools, the average number of children on the rolls of these schools for the year being 140,930, and the average attendance 126,970, or 90.1 per cent.

The School Medical Officers have during the year carried out at the schools and inspection clinics 148,474 examinations relating to approximately 92,100 school children.

The following is a summary of the numbers of inspections carried out. The complete statistical tables, however, of both inspections and treatment carried out during the year appear in Appendix A and Appendix B of the Report on pages 71 and 83.

Public Elementary Schools.

Routine examinations	...	...	...	...	44,842
Special examinations	...	...	...	...	15,154
Re-inspections	...	...	...	...	72,236
Total number of inspections	...	...	...	...	132,232
Number of individual children inspected	...	...	...	...	84,097

Higher Schools.

Routine examinations	...	...	...	...	6,826
Special examinations	...	...	...	...	307
Re-inspections	...	...	...	...	7,066
Total number of inspections	...	...	...	...	14,199
Number of individual children inspected	...	...	...	...	8,026

Special Schools.

Routine examinations	...	...	...	...	510
Special examinations	...	...	...	...	90
Re-inspections	...	...	...	...	1,443
Total number of inspections	...	...	...	...	2,043

I have to thank the Director of Education for his very helpful co-operation in all matters concerning the work of the Department, as well as for the valuable information with which he has supplied me for certain sections of the Report.

I would also like to thank the whole-time members of the Staff for their loyal co-operation and active interest in their work, without which the successful results recorded throughout the Report could not possibly have been achieved.

I am also indebted to the part-time Specialist Medical Officers not only for the skilful manner in which they have carried out their part of the work in connection with the Committee's schemes of treatment, but for the valuable advice which they have at all times so willingly placed at my disposal.

I have the honour to be

Your obedient Servant,

W. M. FRAZER,

Medical Officer to the
Education Authority.

CITY OF LIVERPOOL.

Report on the work of the School Medical Service.

TONSILS AND ADENOIDS.

1. At the routine age examinations of the public elementary school children, the number found to require treatment for these defects was 882, which represents a percentage of 2.0 of the children.

Apart from the cases discovered at routine examinations, 579 other children were found to require treatment for one or both of these conditions.

2. The treatment Clinic is held at the North Dispensary, Vauxhall Road, and was opened on 145 occasions during the year. The beds were very fully utilised, and although only 12 beds are available, the average number treated was 11.35 per occasion. The total number of cases treated was 1,646, which number included 42 cases from the Special Schools and 11 from the Higher Schools.

The operations were as follows:—

Tonsils only	...	...	...	...	...	1,042
Adenoids only	...	...	...	...	...	107
Tonsils and Adenoids	...	...	...	...	...	497
Total						1,646

3. Sir George Newman in his last Annual Report on the Health of the School Child, when discussing the question of operation for Adenoids and Enlarged Tonsils, stated that the great increase in

frequency of operation for these conditions has caused the Board of Education some anxiety. He reported that taking the country as a whole during the year, 1.7 per cent. of the children in average attendance at the Public Elementary Schools had been operated upon for these conditions under Local Education Authorities' Schemes.

It is interesting to observe that at the Liverpool School Clinic where a conservative attitude with regard to the question of operative interference has always been adopted, the corresponding figure for 1931 was only 1.2 per cent., which was barely two-thirds that of the average for the country.

4. In view of Sir George Newman's remarks, Mr. Courtenay Yorke, the Surgeon in charge of the Tonsils and Adenoids Clinic, has submitted his views on this matter, together with an account of the arrangements in force at the Clinic.

The recent report of Sir George Newman and the important **Mr. Yorke's** paper contributed by Glover and Wilson at the Centenary **Report.** Meeting of the British Medical Association, are both strong protests against the increasing incidence of operations for enlarged tonsils and adenoids, and should compel serious thought amongst all concerned, and lead to a more cautious and scientific attitude being adopted towards the subject.

The difficulty is that the tonsils and adenoids problem is largely one of conjecture and uncertainty. There is insufficient knowledge as to their physiological functions, and under what conditions and to what extent they may be harmful; consequently each operator is a law to himself and spares or removes them according to his purely personal preconceptions. Attention has been drawn to the marked variation in the proportion of these operations throughout the country, the frequency in some districts being proportionately six times that of others. It is admitted that there may be several sound reasons, such as environmental conditions, etc., for slight variations in different areas, but I am convinced that the profession, even including some of the specialist component, is in danger of losing the broad perspective and almost of considering the very presence of tonsils and adenoids, however slightly enlarged, as an essential evil.

The question as to whether or not to operate is often so complex that it is hardly possible to lay down definite guiding

rules with which some critic might not disagree, but certain outstanding principles can be affirmed which, along with the application of commonsense and a broad outlook, will be safe guides.

The views herewith expressed are not put forward in any didactic spirit, but are submitted as being based on large experience.

Selection of Cases. The selection of cases for operation requires imagination and judgment quite as much as specialised knowledge. In suitable instances, no operation can give more gratifying results or more satisfaction to parents.

Whilst the question whether or not to operate is sometimes easy to answer, there are many occasions when a decision can be reached only after the most careful enquiry. It is, therefore, convenient in discussing the selection of cases for operation to sub-divide the indications into those that are definite and unquestionable, and those that are doubtful and conditional. In discussing these indications, it is advisable to consider tonsils and adenoids separately as there is no inevitable association between them. Each may cause trouble quite irrespectively of the other, and either of them alone may require treatment.

Tonsils. The definite reasons for removing tonsils are, overgrowth sufficient to cause any obstruction to breathing, swallowing or talking, and existent disease as evidenced by the occurrence of frequent attacks of tonsillitis.

It is necessary to remember that there is no fixed standard of size of healthy tonsils, and that considerable variability of size is met with among children of the same age, and even in the same child from time to time. When examining, it is well not to judge the size of the tonsils until the throat muscles are relaxed, as any act of retching pushes the tonsils inwards, and makes them appear larger than in fact they really are.

Disease of the tonsils is not so easily recognised as is enlargement, and I believe there is much loose talk about unhealthy appearances of the tonsils. If there are frequent attacks of tonsillitis or quinsy and, between the attacks, the tonsils crypts contain pus, there can be no doubt as to the tonsils being unhealthy. On the other hand, in the absence of a history of recurrent tonsillitis, the presence of a small amount of debris in the tonsil follicles would probably not, per se, be a sufficient reason for operation.

Having stated the conditions for which removal of the tonsils is definitely required, we now have to consider a far larger group of cases in which the tonsils are neither very large nor very obviously diseased, and where the decision as to the need for operation presents some difficulty. Of late years an ever-widening sphere of mischief has been charged to the tonsils. Thus they have been held by various medical men to be frequently responsible, among other things, for coughs, colds, middle ear infection, enlarged glands in the neck, bronchitis, asthma, feverish attacks, malnutrition, incontinence of urine, rheumatism and general ill-health. No doubt there are occasions in which the tonsils can be justly blamed for any one of these conditions, but I venture to think that the tendency is to hold them at fault far too frequently. For example, coughs and colds may be due to any condition leading to lowered vitality; and, particularly amongst the poor, bad hygiene, vitamin deficiency and insufficient fresh air and sunshine are potent causes of these ailments. Under such circumstances, there may be some enlargement of the tonsils, but it should not be overlooked that this may be serving a beneficent purpose, and if such be the case, a decision to remove the tonsils would be the result of failure to differentiate between cause and effect, and their removal might aggravate the catarrhal symptoms which the operation was designed to cure.

Again, although enlarged glands in the neck are frequently the result of unhealthy tonsils, it should not be too readily assumed that the tonsils must, therefore, be sacrificed, since they may have completely recovered from the infection which they had passed on to the glands. There are, moreover, other possible sources of glandular infection. Constitutional diseases, such as rheumatism, may at times be due to the absorption of toxic matter from the tonsils. So much can readily be conceded, but when one considers the multitudinous forms of ill-health which are now-a-days ascribed to auto-infection from the tonsils, the adoption of an attitude of honest doubt is not unreasonable until such time as research has thrown more light upon the subject.

Adenoids. The indications for adenoid operations have next to be considered. If the adenoid mass is causing obstruction to breathing, the need for operation is undoubted. In children, examination with the finger is frequently adopted for diagnosing adenoids, but such digital investigation requires much practice. It must perforce be done very expeditiously, and should the child struggle or the first two vertebrae be unduly prominent, a wrong impression may be formed as to the true state of things. Making

allowance, however, for exceptional cases, it is not difficult to discover those in which so large a mass of adenoids exists that it blocks partly or completely, the back of the nose, thus interfering with breathing or with the proper ventilation of the ears through the Eustachian tubes.

So much for the obvious cases : but very much more numerous are the doubtful cases in which adenoids are present only in moderate amount, and yet the children suffer from mouth-breathing, nasal catarrh, running ears, deafness, coughs, colds, etc. These are the cases which require most careful investigation. Mouth-breathing, for example, may be due to many causes besides adenoids, such as nasal catarrh, swollen turbinates, deflected septum, habit, deafness, mental deficiency and definite nasal diseases. Adenoids are not the commonest cause of mouth-breathing in children ; in order of frequency in my opinion, nasal catarrh would come first. It is, of course, true that nasal catarrh may be due to adenoids, but there are innumerable instances where no adenoids are present and the catarrhal condition is due to other causes, particularly those general faults in diet and hygiene which have already been referred to.

Recurring attacks of Eustachian and middle ear catarrh are frequently due to adenoids, and further attacks may be prevented by operation. Again, there certainly are occasions in which the removal of adenoids will ameliorate chronic middle ear suppuration and even improve chronic middle ear deafness, but in all chronic diseases of the ear it is necessary to be very cautious in promising benefit after removal of adenoids, for failures are commoner than successes.

After operating for tonsils it is the usual practice to put the finger in the naso-pharynx to discover if there are adenoids present, and if so, it is the practice of many to scrape them away no matter how small they may be. This is a most undesirable practice, as even essential operations in the naso-pharynx may be followed by middle ear suppuration.

It should be appreciated that slight adenoids are frequently present in children without causing any symptoms, and that there is a strong tendency for them to be absorbed at puberty.

Unless, therefore there is a definite mass of adenoids, an operation intended primarily for the removal of tonsils should stop at that, especially if it appears likely that the removal of the enlarged or diseased tonsils alone would effect a cure.

Safety of Operations. In my experience of operations upon many thousands of children at the Liverpool Education Committee's Clinic and elsewhere, the tonsils can nearly always be completely removed by the guillotine method.

It will be convenient to consider the various steps which are being taken to minimise all risks in connection with tonsils and adenoids operations at the Liverpool School Clinic.

Examination of the Child immediately before Operation. Prior to commencing the operations, all the children are examined in the presence of their parents, and enquiries are made as to recent illness, present state of health, tendency to excessive bleeding, or recent exposure to infection. In the case of children badly nourished or in obvious ill-health, the operation is deferred until their condition has improved. At these interviews with the parents, the nurse takes down relevant notes which, together with the notes of the medical officer referring the case, are consulted by the surgeon when each case is brought in for operation.

Team Work. The advantages to be derived from the regular association of the same officers—surgeon, anaesthetist and nurses—are so obvious as not to require dilating on. It is sufficient to say that when the anaesthetic used is a short one, like gas or ethyl chloride, the need for trained co-operation and mutual confidence of the staff is paramount.

Anaesthetic. Nitrous oxide gas has been used exclusively at the clinic since it opened in 1916, and over 17,000 children have been operated on without a single anaesthetic fatality. Besides its safety, gas has other advantages. It rapidly induces unconsciousness, and is almost entirely free from unpleasant after-effects. With an experienced anaesthetist sufficient time is given for the removal of both tonsils and adenoids by a skilful operator. The only other anaesthetic at all comparable with gas is ethyl chloride, but the latter is not so safe and has, at times, disagreeable effects. For these operations, ether is an objectionable anaesthetic for children and has most obvious drawbacks, whilst chloroform is, in my opinion, too dangerous.

Haemorrhage. This is certainly the most worrying, if not the most dangerous of operation sequelae. It is usually impossible to foresee the cases in which undue haemorrhage will occur. It is commoner in older children, but otherwise its incidence is quite capricious. Haemorrhage can to some extent be obviated by the

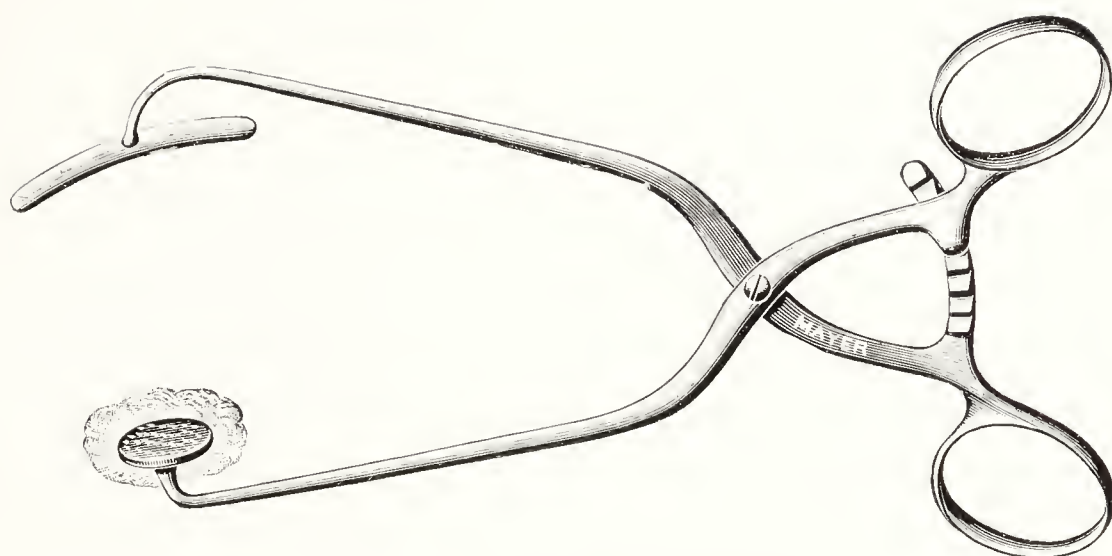
use of a not too sharp tonsillotome, but if the instrument used is too blunt, the operation takes longer and the tissues may suffer from excessive laceration. Under gas anaesthesia no attempt to staunch bleeding is feasible during the operation; indeed this is not necessary since the child can be sat up on the table within a few seconds of the completion of the operation, and the sitting position is itself a potent means of stopping haemorrhage.

In 90 per cent of cases, bleeding ceases spontaneously in a few minutes. It is, however, necessary to be very vigilant for the first hour or two after operation, especially when the child is lying down. In this position, haemorrhage may be concealed and only becomes evident by the child vomiting blood which it has swallowed, or suspected if signs of collapse are shown. It is therefore, my practice to sit the children up in bed after operation, to provide each with a bowl, and to make them spit frequently. Continuing haemorrhage is usually in this way easily recognised, but if there be any doubt, the throat should be carefully inspected with the assistance of a head-light and tongue depressor. Should undue haemorrhage continue for more than five or ten minutes some measure to control it must be adopted. At the Liverpool Clinic during the past ten years, special clamps (illustrated opposite) have been used for the control of such haemorrhage; they are light, very easy to apply, cause little discomfort, and in skilled hands are unfailing in their action. Two clamps, one on each side, can be used at the same time. Since these instruments have been in use, the percentage of cases of severe haemorrhage at the clinic has been reduced from 3·5 to almost nil. At the Liverpool Clinic the nurses, as the result of lengthy experience, have acquired the utmost confidence and dexterity in applying these clamps.

It is never wise to wait too long for tonsil haemorrhage to stop spontaneously, because serious collapse may ensue, moreover, persistent haemorrhage is apt to become arrested by the formation of large clots which, on becoming detached several days later, may cause severe secondary haemorrhage.

Adenoid haemorrhage, if severe or lasting, is easily dealt with by a small pack in the naso-pharynx.

In-Patient Treatment. Cases are kept in the clinic for at least one night after operation, but occasionally a child may have to be detained for a second or even a third night. The services of a resident doctor with special experience in the work are available



The tonsil haemorrhage clamp.



The clamp applied to the left tonsillar bed.

at all times until the children are discharged. When the parents attend to take their children home, they are given both verbal and printed instructions as to the diet and necessary after-care.

Following-up. Arrangements are in force whereby a nurse, after the children's discharge from the clinic, visits the homes to examine the children to see if the throat, general condition and home surroundings are satisfactory. These visits are usually paid the day following discharge and further visits are paid as considered advisable. The nurses arrange for the admission of any children with whose progress they are not satisfied and who cannot be properly attended to at home, to the Corporation's General Hospital for Children at Alder Hey.

DENTAL INSPECTION AND TREATMENT.

5.—The following Table shews the work carried out under the Dental Scheme for children attending the Public Elementary Schools, together with the corresponding figures for the previous two years:—

Table 1.

	1930	1931	1932
Number of children examined in school	55,499	62,073	69,167
Number of children requiring treatment	43,010 (77·3%)	49,743 (80·1%)	56,601 (81·8%)
Number of cases accepting treatment under the Dental Scheme	17,325 (40·3%)	18,017 (36·2%)	18,442 (32·6%)
Number of cases treated	16,581	17,588	18,391
Number of schools concerned	97	108	123

6. In May, on the opening of the permanent Clinic in the Norris Green area, the use of the Abbotsford Road School for Clinic purposes was discontinued, and it then became possible to increase the number of sessions held in this area from three to seven per week. It has thus been possible to take more effective steps to treat the teeth of the children in this district, the dental condition in many cases, owing to the previous lack of

facilities for treatment, being extremely bad. The response at the schools served by this Clinic and that at Garston has been very encouraging, and the number of parents who call at these Clinics daily to ask for advice or treatment for their children has grown to a remarkable extent. There are some grounds for believing that the majority of the children attending these Clinics will continue to attend for preventive treatment whenever advised throughout their school life.

Unfortunately, such an optimistic view cannot be taken with regard to any of the other Clinics, as is shewn by the fact of the acceptance rate in general having fallen to the exceedingly low proportion of 32·6 per cent. Some falling off due to the cessation of home visitation by the following-up officers had been anticipated, even though no change had been made in the facilities for obtaining Clinic treatment.

7. There is still too great a tendency amongst parents to regard and make use of the School Clinics solely for extractions on account of toothache, which in most cases could have been prevented had the parents previously accepted filling treatment when advised. In an endeavour to combat this tendency the Committee, in the early part of the year, decided that parents should be informed that treatment must be accepted at the time that it is offered, otherwise children would not be eligible for treatment at the School Clinics until after the next annual inspection. Whilst this measure has had some effect in lessening the number of parents who apply for treatment for their children as casual cases, it is as yet too early to estimate what effect it may have in increasing the number of acceptances as the result of the routine inspection.

CO-OPERATION WITH THE CHILD GUIDANCE COUNCIL.

8. Acknowledgment is again made of the valuable assistance afforded by the Child Guidance Council in undertaking the investigation of "difficult" children. The full reports received from

their officers are clear evidence of the thorough manner in which each case is investigated, and it is gratifying to record the considerable improvement in the subsequent behaviour of the majority of the children referred to them.

Reports were received from the Council concerning 40 cases during the year.

9. As an example of the type of case in which the Child Guidance Clinic can be helpful, the following report of an actual case, kindly supplied by Dr. M. Barton Hall, is given:—

Report on Case seen at Child Guidance Clinic.

X.Y., aged $7\frac{1}{2}$, is the only son and the youngest of a family of five children. His parents are living apart, the mother having the legal custody of the children. He was referred to the Clinic after stealing money from a shop, but he had also been responsible for other thefts of personal belongings such as pencils, penknives and a fountain pen. He was said to be untruthful, out of hand at home, to refuse to come in from the streets before 10 p.m., and from time to time to have wandered away from home, having been brought back by the police on several occasions.

The Social Worker, on visiting the home, found the family to be living in cramped surroundings in a rough and dreary neighbourhood, with nowhere except the street for the children to run about, and only the scantiest of play material to occupy them indoors. The mother said that X. had always been mischievous, and had gradually become more defiant and difficult to manage, and in view of his recent tendency to dishonesty, she was at her wit's end, and was seriously considering the advisability of charging him in Court with being out of control. There was no evidence that the boy was being ill-treated, but rather on the other hand that he was being bribed to be of good behaviour for the sake of peace.

His school teacher reported that although the boy liked school and attended regularly, he was very troublesome and needed constant attention,

At the Clinic he was examined by the psychologist, who reported that he was a boy well above the average general intelligence, his Intelligence Quotient being 118.

The psychiatrist reported that the boy was a typical seven-year-old boy in robust health. In manner and ability to converse he was advanced for his age, and held very decided views upon most matters. He expressed himself as being "all for adventure" and talked constructively of his plans for camping out, carting materials, building boats, rafts, etc. He stated that he was interested in all mechanical things, and discussed the construction of the Mersey Tunnel with evident curiosity and desire for knowledge. His ambition was to be an airman, and he said that he needed nails and hammer and wood to build aeroplanes and ships, but could only obtain paper and cardboard, which had to answer the purpose.

It was obvious, therefore, that his misdeeds, which he discussed quite frankly, were merely attempts to find an outlet for his repressed energies. He was obtaining little satisfaction from his home life: he had no father there to emulate or to discuss matters with, had no brothers, and had no use for his sisters because they were "only girls." He was an intelligent, high-spirited, adventurous lad, with a craving for constructive action and for leadership. School life satisfied some of his needs, but out of school hours, since there was never anything to occupy himself with in the house, he was forced to seek the satisfaction of his desires by roaming the streets or by creating a scene in the home.

It thus became clear that the Clinic could best assist this boy by endeavouring to find suitable outlets for his superabundant energies.

The mother was reassured about the boy's moral character and was advised not to take up Court proceedings, but to keep him fully occupied with housework or other jobs whilst he was indoors. The boy himself was kept under supervision by the psychiatrist. He was encouraged to talk freely of his ambitions, and to build up his own code of honour, reporting each week upon

his efforts and achievements. Arrangements were made for him to join a local Cub Pack, in which he became extremely interested, his membership of the Cubs proving of the greatest assistance in advancing his character development.

With the provision of new interests, his conversation is now no longer confined to what he is aspiring to do and to be. Whereas the incidents of stealing were formerly said to occur every few weeks, it is now some months since there has been any such serious misdemeanour, and the latest report from the mother reads, "I am happy to be able to say that X. is not giving me any trouble," while his school teacher says, "I can give nothing but a good report upon X. lately."

STAMMERING.

10. During the routine examinations at the schools, 213 children suffering from this defect were discovered, the stammer being moderate or severe in degree in about one-fifth of the cases; a further 91 cases were also presented by the teachers for examination as special cases, and of these 45 were moderate or severe in degree.

The incidence of stammering amongst the children discovered at the routine examination was:—Entrants, 0.14 per cent.; Intermediates, 0.42 per cent.; Leavers, 0.90 per cent.

11. Two Classes for Stammerers are held, one at the Richmond Terrace School and the other at the former North Corporation School, these classes being held on four and two occasions respectively each week.

There has been no change in the organisation of the classes, each child receiving treatment for one hour twice a week, the number in each class being limited to ten in order to enable each child to receive individual attention, and be given special exercises when required. During the year the regularity of the attendance at the classes has much improved.

12. Correct speech being dependent upon rhythm, in which stammerers are deficient when they attempt to speak, more

attention has been given during the year to the development of this sense, and special rhythmic exercises have been designed for this object. When the play "White Horse Inn" was running in Liverpool, the Tyrolese Dancers in the cast gave exhibitions of Rhythmic Dancing at some of the private Secondary Schools, and some of the exercises referred to above have been based on these dances, whilst other rhythmic exercises adopted were of an occupational nature. A further advantage of this type of exercises is that they can be continued for a considerable time without the children losing interest.

13. In a few cases where it was felt that the stammer might be due to some psychological cause, arrangements were made for the children to attend at the Child Guidance Clinic, two being accepted for treatment at the Clinic. At the request of the Psychiatrist of the Clinic, they have been temporarily withdrawn from the class.

14. The following are the particulars of the admissions to and discharges from the Stammerers' Classes:—

Number on rolls, 31st December, 1931	...	...	63
New admissions, 1932	...	...	74
Re-admissions	...	...	6
			<hr/> 143 <hr/>

Discharges.

Cured	...	...	41
Left School	...	...	19
Much improved	...	...	14
At parents' request	...	...	3
Hospital Treatment	...	...	2
Irregular attendance	...	...	3
Child Guidance Clinic	...	...	2
			<hr/> 84 <hr/>
Number on rolls 31st December, 1932	...	...	59

15. The Remedial Speech Class, which was opened in October, 1931, at the Richmond School, is held on two afternoons a week. Remedial
Speech Class.

The children are admitted from the age of 5, and when possible, are accompanied by their parents, who remain in the room and watch the treatment in order that they may help their children with their exercises at home.

Most of the cases are suffering from defects of the speech organs, cleft palate with or without hare lip, nasal obstruction for which no further treatment can be given, etc.

The children are divided into two groups: (*a*) the cases of cleft and pseudo-cleft palate speech, and (*b*) lisps and lallers, and these are again sub-divided into neurotic, negligent and organic cases of lisping; in the case of the lallers the trouble is usually due to very irregular teeth, which are referred to the dentist before any orthophonic treatment is given.

Occasionally a child will be found to be suffering from a stammer and a lisp, and when this occurs he is transferred to the stammerers' class to have the stammer treated first. Since the class was opened 9 have been discharged as cured, 2 very much improved (both cases of organic defects), 1 attained school leaving age, 1 was discharged on account of bad attendance, and 3 were discharged as there was no improvement, mainly due to their mentality being below normal. Five parents refused further treatment, 4 on account of the distance. All had had some treatment, and were given practice cards to use at home. In the fifth case, the father considered the boy had improved sufficiently to enable him to leave, although he had been informed that he was capable of still further improvement.

ORTHOPÆDIC SCHEME.

16. The amount of work undertaken under the Orthopædic Scheme shews a considerable increase over that of the previous year, mainly due to the fact that the Everton Road Clinic was

available for a full year as compared with five months in the previous year.

The following shews in tabular form the scope of the work undertaken at the Clinics.

New Cases.—

Walton Road Clinic	120
Everton Road Clinic	98
Dingle House Clinic	87
	— 305
Surgeon's examinations	1,375
Attendances at Clinics	11,384
Plasters applied	20
Referred to Hospital for X-rays	17
Admitted to Hospital	64

17. The Education Committee makes a grant to the Child Welfare Association for following-up and the provision of splints, appliances, etc. In this connection, the Association paid over 800 visits to the homes for the purpose of securing regular attendance at the Clinics and seeing that the Surgeon's advice was being carried out at the homes, whilst in 364 instances they assisted the parents in the provision of surgical apparatus, new boots, alteration of boots, repairs, etc. They also supplied milk, Cod Liver Oil, etc., for the cases specially recommended. Though, in general, the home visiting is carried out by a visitor of the Child Welfare Association, in special instances home visits are paid by the Orthopædic nurses,

In addition to individual treatment at the Clinics, remedial exercise classes are also held for the treatment of postural defects.

The parents are encouraged to attend at the Clinics in order to learn how the exercises prescribed should be carried out at home. They are also instructed in the proper application of any night splints prescribed.

18. The accompanying Table 2 shews in detail the work carried out at the Clinics.

Table 2.

Cases dealt with under Orthopaedic Scheme during 1932.

Defect.	Cases seen at Surgeon's Visits.								Massage and Remedial Exercises Department.							
	No. of Cases.				No. of ATTENDANCES.				No. of Cases.				No. of ATTENDANCES.			
	Clinic.				TOTAL.	Clinic.				TOTAL.	Clinic.				TOTAL.	
	Dingle House.	Walton Road.	Everton Road	TOTAL.		Dingle House.	Walton Road.	Everton Road	TOTAL.		Dingle House.	Walton Road.	Everton Road	TOTAL.		
Infantile Paralysis	23	41	25	89	71	115	57	243	23	30	23	76	1,130	1,062	818	3,010
Birth Palsy ...	3	5	9	17	7	9	20	36	3	4	7	14	112	86	274	472
Spastic Paralysis	16	22	18	56	43	56	42	141	13	21	16	50	568	682	615	1,865
Rickets ...	46	84	53	183	90	164	75	329	17	28	22	67	440	329	230	999
Talipes ...	10	19	6	35	21	48	17	86	7	12	6	25	141	479	127	747
Spinal Curvature	16	25	8	49	29	67	18	114	15	22	8	45	348	714	264	1,326
Torticollis ...	1	3	6	10	2	4	15	21	1	3	6	10	29	10	171	210
Flat Feet ...	28	39	18	85	62	69	35	166	23	22	17	62	586	466	381	1,433
Chest deformities	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other deformities	6	18	8	32	16	57	17	90	3	13	7	23	57	339	191	587
Other defects...	21	25	20	66	46	53	34	133	10	15	13	38	115	318	302	735
No orthopaedic defect found ...	7	3	5	15	7	3	6	16	—	—	—	—	—	—	—	—
TOTALS ...	177	284§	176*	637	394	645	336	1375	115	170‡	125†	410	3,526	4,485	3,373	11,384

* Of these 6 cases were transferred from Walton Road and 2 from Dingle House.
† Of these 4 cases were transferred from Walton Road and 2 from Dingle House.
‡ Of these 2 cases were transferred from Everton Road Clinic.
§ Of these 1 case was transferred from Everton Road Clinic.

19. Mr. McFarland, the Surgeon who attends the Clinics, reports that

From Table 2 it will be observed that there is a large proportion of postural defects. It is important that such defects should be seen early in order that remedial exercises may be applied before the deformities have become so marked as to necessitate drastic remedies.

Infantile Paralysis is responsible for a large percentage of the cases of crippling. In its treatment, splinting, massage and operation are necessary. It is important that one mind should control the progress of the case and the application of these principles. By such means is obtained not only the maximum attendance at school, but also the best functional end result, and with the minimum operations. Examples of this abound in the Liverpool Orthopaedic Clinics. In many cases it has been possible to relinquish splints which have been worn for many years and with only a few weeks' interruption of the child's schooling. Associated with this aspect is the necessity for the surgeon to foresee the end result of the patient's physical abilities and to advise the parents as to the training of their child.

One of the most noticeable beneficial effects of the Clinics concerns Club Feet. In this condition, in order to maintain the highest possible function, unremitting care is necessary after operative or manipulative correction. Such care can best be supplied at Clinics close to the parents' homes, where the Sister in charge has individual knowledge of each case.

From the table it will be seen that a large number of cases of Rickets attend for treatment. As would be expected, the severity of the disease in different cases varies within very wide limits. Due primarily to a lack of proper balance in the Calcium and Phosphorus in the body, associated with lack of the matter which turns "osteoid" tissue into bone (and this in its turn is dependant on the proper vitamin contents of the blood), Rickets arises wherever there is poor or "incorrect" feeding, lack of sunlight and lack of exercise. Although usually associated with poverty, Rickets could arise in a palace if the child were never to see the sun and were to have a badly balanced diet. Similarly poor children need not suffer from the disease if they have plenty of fresh air and sunshine and be given suitable though inexpensive food.

Untreated case of Knock-knee.

Same case after 7 months of treatment.



Untreated case of Club-foot.

Same case after 12 months of treatment.

* Many of the cases of Rickets do not require orthopaedic treatment in the strict sense. The vast majority of cases of Genu Varum recover if the Rickets be satisfactorily treated. Genu Valgum on the other hand always requires orthopaedic treatment, and so does Coxa Vara, Kyphosis and Scoliosis. If the disease be active general treatment is paramount, and this can best be carried out in Hospital. There is, however, frequently marked parental resistance to admission to hospital, often due to the fact that others of their children have had "bandy legs" and have recovered.

The results of treatment which have been achieved are excellent. The high general standard is particularly noticeable in cases of spastic paralysis where the best results are obtained by persistent remedial exercises.

20. The beneficial effects of Orthopædic treatment are well shewn in the accompanying photographs of two children treated under the scheme.

A comparison of the two upper photographs shews the great improvement achieved in a case of knock-knee due to rickets, whilst the lower photographs shew the improvement in a case of club foot.

EVERTON ROAD NURSERY SCHOOL.

21. The Everton Road Nursery School, the first of its kind in Liverpool, was opened in August, 1932. It is situated in a thickly-populated locality, and provides accommodation for 160 children from the ages of 2 to 5.

The school which has been erected on the site of some demolished houses, is a single-storey building, the whole of the south side being taken up by two large classrooms, which are separated by a long corridor from the administrative offices, bathrooms, etc.

* Definition of Terms used in Paragraph 19.

Club-foot: Deformity of foot. (See accompanying photograph.)

Genu Varum: Bowlegs.

Genu Valgum: Knock-knee.

Coxa Vara: A deformity of the hip joint.

Kyphosis: Spinal curvature (hunchback).

Scoliosis: Lateral curvature of spine.

The classrooms are of the semi-open-air type, being fitted along the whole of the south side with "Esavian" windows, the heating being carried out by low-pressure hot water pipes and radiators. The two classrooms can, if necessary, be subdivided by folding screens. The playground, which contains a "Jungle Gym," and two small sand-pits, is partly paved, partly rubble and partly grass.

22. The usual daily routine is for the children to arrive at 8-30 a.m., when they are bathed and dressed in school overalls, after which they are given a light breakfast.

Elementary instruction is given both in the morning and the afternoon, interspersed with intervals for play and rest.

A two-course dinner is provided at mid-day and tea at 4 p.m., the children returning home at 5-30.

The dietary has been drawn up so as to contain the necessary amounts of protein, carbohydrates, fats and the essential vitamin factors for healthy growth.

23. The children, on their first admission to the school, are examined by one of the school nurses re cleanliness, and if any are found unsatisfactory they are not admitted until the condition has been remedied. If the mothers have not the facilities at home they are advised to take their children to the cleansing station adjacent to the school.

When the site for the school was purchased, there was standing in one corner of it a large house which was subsequently adapted as a School Clinic. The School Medical Officer in charge of the minor ailments section of this Clinic, visits the school twice weekly to see if there are any children whom the Head Teacher would like him specially to examine, whilst on those days on which the doctor does not attend, the Head Teacher can always obtain the advice from the Head Nurse of the adjoining Minor Ailments Clinic.

24. In the case of children who have previously attended an Infant Welfare Clinic, their previous medical record cards are obtained from the Infant Welfare Department for the use of the School Medical Officer. It was found that between 50 per cent. and 60 per cent. had previously attended these Clinics.

Every child is examined by one of the School Medical Officers shortly after admission.

The principal defects found at the medical inspections were some cases of enlarged tonsils, rickets, otorrhœa, urticaria, conjunctivitis, debility, enlarged glands, and two cases of crippling defects.

With the exception of treatment for dental defects, the parents of the children are offered the same facilities for treatment as the parents of children attending the public elementary schools, and most of the cases of the above-named defects were treated at the Committee's clinics.

DEFECTIVE VISION.

25. The number of children with defective vision, including squint, found at the routine examinations of the intermediates and leavers was 5,737 (20.1 per cent.).

The routine testing of the vision is not carried out in the case of the entrants, but 668 were found to have defective vision, and of these, 568 cases (85.0 per cent.) were on account of squint.

In addition to the routine cases, 6,455 were seen as special cases.

At the re-inspections in the schools, 13,072 children, who had been provided with glasses, were seen, and of these 4,187 (32.0 per cent.), were found not to be wearing them, which is 1.0 per cent. worse than the percentage recorded in the previous year.

26. The number of new cases treated under the Committee's scheme was 2,844, whilst 129 children were treated privately or at the hospitals. The number re-examined at the Clinics was 3,110.

The work at the several Clinics has been carried out quite smoothly throughout the year. An additional Clinic was opened in June in the new housing area in Norris Green, which has relieved the pressure at the other Clinics, and has enabled the large waiting list at these Clinics to be materially reduced. This new and well-equipped Clinic has worked most satisfactorily, and is much appreciated by the parents attending.

During the year it was noted that at the request of the parents, two children had been operated on at Hospital on account of squint.

27. The scheme of the Health Committee for the treatment of squint in pre-school children by the early provision of glasses has been taken advantage of in the case of 108 children, as compared with 72 the previous year.

MINOR AILMENTS.

28. During the year, 30,896 cases were treated at the Minor Ailments Clinics, and altogether 388,976 attendances were made by the children, the average number of attendances per child being 12.6.

The largest attendances on any one session were 466 at St. Gabriel's Clinic, 457 at the North Corporation Clinic, 358 at Everton Road, 356 at Norris Green, 251 at St. Dunstan's, 250 at Westminster Road, and 201 at Erskine Street.

The Clinic which for the past twelve years had been held at the old St. Gabriel's School, Beaufort Street, was closed at the end of the year, arrangements having been made to hold the Clinic for this district in the old Northumberland Street Day Industrial School premises.

29. The following Table shews the number of defects treated and the average daily attendance at the various Clinics:—

Table 3.

Shewing the number of defects treated at the Minor Ailments Clinics and the average daily attendance at each Clinic

DEFECTS TREATED	NAME OF CLINIC.								TOTALS.
	St. Gabriel's.	North Corporation.	Norris Green	Everton Road	St. Dunstan's.	Westminster Road.	Firskine Street.	Old Swan.	Garston.
SKIN DEFECTS —									
Ringworm of the Body	44	59	20	21	35	22	15	26	7
Impetigo...	515	212	177	243	664	461	534	196	17
Other Defects	130	351	124	125	118	115	191	74	18
EAR CONDITIONS—									
Wax	49	112	55	80	20	112	23	13	15
Otorrhoea	276	303	206	204	158	252	198	80	43
Other Defects	115	111	162	74	39	40	43	29	14
EXTERNAL EYE DISEASE—	661	1,194	309	499	212	467	266	65	74
MISCELLANEOUS DEFECTS— (Sores, Minor Injuries, etc.)	3,526	3,491	3,032	2,926	1,700	1,462	1,732	825	1,115
TOTALS	5,316	5,833	4,085	4,172	2,946	2,931	3,002	1,308	1,303
Average daily attendance	261.1	225.6	177.4	172.3	118.9	112.7	101.6	74.6	63.8
Average daily attendance excluding Saturdays	306.7	265.0	208.6	200.1	137.9	132.9	118.8	85.6	74.2

External Eye Diseases.

30. There were 565 cases (1.2 per cent.) of external eye diseases discovered at the routine examinations, over one-half of these being cases of blepharitis. Many of these blepharitis cases are already chronic when first discovered, a large number having commenced during pre-school life, most frequently as a sequela of an attack of measles.

Scabies.

31. Scabies again shewed an increase, 913 new cases being reported as compared with 631 in 1931, and 471 in 1930. In view of this increased number of cases, arrangements were made whereby treatment could be obtained at two more of the Health Committee's cleansing stations, where, in addition to school children affected, pre-school children and older female members of the families could also be treated. In all, 426 school children, 43 adults and 68 children under school age were treated at these clinics. In the case of adult male members of the families, arrangements were made for them to be treated either as Out-Patients, or over the week-ends as In-Patients, in the Skin Department of the Belmont Road Institution.

The School Medical Officers have kept the cases under regular supervision, mostly on Saturday mornings, and through these examinations 840 children were re-admitted to school during the year.

At the end of the year, there were still 185 outstanding cases.

AURAL CLINIC.

32. The Aural Clinics at Blackstock Street and Everton Road have continued their work, whilst by the opening of the new Clinic in Norris Green, May, 1932, it was made also possible to undertake Aural work for the children in this outlying district.

33. The increasing interest taken by the parents in the Ionisation method of treatment has become quite noticeable, judged by the frequent requests made direct to the Clinic for the "Electrical Treatment," and their increasing co-operation in carrying out the "Instructions" for After-Care advised.

Experience has shewn that in order to attain the maximum of success in the running of a Zinc Ionisation Clinic there are certain important conditions which should be fulfilled. It is essential that an accurate diagnosis should be made, as the technique of ionisation may have to be varied according to the conditions existing. It is important that the cases should be judiciously selected, for there are certain types of cases of Otorrhœa for which operative treatment alone can effect a cure. It is also important to treat any associated conditions present which might be responsible for the persistence of the disease.

In this connection there is the fullest co-operation between the Aural and the Tonsils and Adenoids Clinic; Mr. Courtenay Yorke having arranged to see all cases referred to him for his opinion.

Altogether 823 children attended at the Aural Clinic during the year, 574 cases of Suppurative Otitis Media, including 8 pre-school children, being treated by Zinc Ionisation.

34. During the year, a number of children have been seen at the Aural Clinics for "Deafness" not associated with Otorrhœa or Diseased Tonsils or Adenoids. In the majority of these cases the deafness has followed Scarlet Fever, Measles or Pneumonia, and is usually associated with chronic Catarrhal Rhinitis, or nasal obstruction, leading to a "dry" Otitis of the middle ear, with consequent deafness. The tendency in this type of case is for the deafness to progress.

35. The accompanying Tables shew in detail the complete work undertaken and the results of treatment.

Table 4.

Treatment and Recommendations.

1. Acute Suppurative Otitis Media:—

(a) Treated at Clinic	8	} 13
(b) Referred to Hospital	5	

2. Chronic Suppurative Otitis Media:—

(a) Treated by Zinc Ionisation	...	570
(b) Zinc Ionisation used for diagnostic purposes	... ..	42
(c) Treated by “Antiseptic” methods		21
(d) Referred to Hospital for Operation:—		
One ear discharging	... .. 14	} 17
Both ears discharging	... .. 3	

3. Chronic Mastoiditis:—

(a) Previous mastoid operation:		
(i) Treated by Zinc Ionisation	...	3
(ii) Referred to Minor Ailments Clinic, with recommendations as to treatment	... ..	6
(b) Cases unsuitable for Ionisation:		
(i) Referred to Hospital	... ..	6
(ii) Referred to M. A. C. with recommendations as to treatment		8

Referred to Tonsils and Adenoids Clinic for operation or Specialist’s opinion	... ..	53
Polypi removed at Clinic	... ..	7
Rhinitis, Sinusitis, etc., cases treated at Clinic		15
Rhinitis, Sinusitis, etc., cases referred, with instructions to M.A.C.	... ..	19
Auricular Eczema treated by Ionisation	...	17
Wax, etc., removed	... ..	14
Other cases referred to M.A.C., with recommendations as to treatment	... ..	21
No treatment given and parents advised as to home treatment	13

Total number of children examined at the Aural Clinics	823
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Table 5.

**Return of Chronic Cases of Chronic Suppurative Otitis Media
treated by "Zinc Ionisation."**

(Friel's Classification).

Causes of Suppuration.				Total.	Cured.	Im- proved. or slightly Im- proved	Left School or lost sight of	Referred to Hospital	Still under Treatment on 31.12.32
I. Tympanic conditions solely :—									
(a)	Tympanic Sepsis	...	...	371	343	—	11	—	17
*(b)	Tym. Sep. + Granulations	...	...	68	45	4	6	3	10
(c)	do. + Polypi	...	...	7	4	1	—	2	—
(d)	do. + Caries	...	...	11	4	2	—	—	5
II. Tympanic conditions combined with :—									
†(a)	Tonsils and Adenoids	...	...	59	47	2	4	—	6
(b)	Nasal Conditions	...	...	30	22	2	—	—	6
III. Tympanic conditions combined with :—									
Mastoid Disease:—									
(1)	Previous Operation	...	...	3	1	2	—	—	—
(2)	No Operation	...	...	14	—	—	—	6	8
IV. Tympanic conditions combined with :—									
(a)	External Otitis	...	...	7	5	—	—	—	2
(b)	Stricture of Meatus	...	...	3	—	—	—	2	1
V. External Otitis only				4	4	—	—	—	—
TOTALS				577	475	13	21	13	55

NOTES.—

* Granulations treated by Electrolysis in 22 cases.

† Tonsils and Adenoids removed (T. & A. Clinic) 41.

RINGWORM OF THE SCALP.

36. The number of cases of Ringworm of the Scalp amongst school children reported to the Medical Officer during the year was 163, of which number 22 were found, after examination by the School Medical Officers, not to be cases of ringworm.

There were thus 141 actual cases of the disease as compared with 163 the previous year. The steady decline in the incidence

of this disease since the early days of the medical inspection of school children, when the number of cases each year was well over 1,000, is thus continuing.

The number of cases outstanding at the end of the year was 49, compared with 50, 74, 93, 103 and 111 for the preceding five years. These figures afford additional evidence that the disease is gradually becoming less prevalent.

When cases are reported, they are examined as soon as possible by certain of the School Medical Officers, who are specially experienced in this disease, and thereafter are kept under regular supervision until cured.

The X-ray treatment of the disease has been continued at the North Corporation centre, where 84 cases were treated.

37. The following Table shews, in percentages, the duration of the cases outstanding at the end of the year, the figures for the preceding three years being also given for the purposes of comparison :—

Table 6.

Duration.			1929	1930	1931	1932
Under 3 months	...	...	24·0	46·9	25·5	34·0
3 to 6 months	...	...	31·6	20·3	25·5	21·3
6 to 9 months	...	...	20·3	18·8	31·9	12·8
9 to 12 months	...	...	6·4	3·1	10·7	14·9
12 to 18 months	...	...	11·3	6·3	4·3	10·6
Over 18 months	...	...	6·4	4·6	2·1	6·4
			100·0	100·0	100·0	100·0

TUBERCULOSIS.

38. Amongst children of school age, tuberculosis usually affects the cervical, bronchial and mesenteric glands and the bones and joints. The outlook in these types of juvenile tuberculosis is good provided that early treatment is obtained. Pulmonary tuberculosis on the other hand, which is generally due to infection from other pulmonary cases, though a very serious disease, is fortunately less common.

39. The diagnosis of pulmonary tuberculosis is often a matter of difficulty. The physical signs are often obscure and considerable judgment and experience is needed for the diagnosis. For example, many of the ailments of children give rise to symptoms closely resembling those of tuberculosis. Chronic infective conditions of the nasopharynx, such as adenoids, may cause debility and chronic inflammatory changes in the lungs, simulating tuberculosis.

Whilst Radiography is of considerable help, a further advance in the direction of more precise diagnosis is the use of the Mantoux test. A negative reaction to this test practically excludes the presence of a tuberculous infection. In cases of chronic cough, enlarged glands, loss of weight, and general ill-health, a negative reaction, therefore, is a valuable aid in excluding tuberculosis as a cause of these symptoms. A positive reaction, on the other hand, proves only that the patient has at some time or other been infected with tubercle. By itself it may not have much significance, but taken in conjunction with other factors, e.g., an exposure to infection and suspicious clinical signs its significance is of considerable value.

40. At the routine inspections, 1 definite case of phthisis was discovered, 71 cases of tuberculous glands, and 107 cases of other forms of tuberculosis, a total of 179, or 0.39 per cent. of the routine cases.

There were also seen at the Inspection Clinics, or as special cases at the schools, 31 definite or suspected pulmonary cases and 114 cases of other types of tuberculosis.

41. All the cases of actual or suspected tuberculosis discovered by the School Medical Officers were referred to the Tuberculosis Officers for examination. The number of references so made was 131, whilst the Tuberculosis Department supplied information with reference to 2,293 school children who had been reported from various sources as possible cases of tuberculosis, but the majority of these, however, proved to be non-tuberculous. Of the 2,293 references received, 1,240 were new cases, of which 858 were non-tuberculous.

At the end of the year, the total number of children of school age known to the Department to be suffering from active pulmonary tuberculosis was 149, of which 98 were in institutions, chiefly at the Cleaver and Broadgreen Sanatoria, where special classes were arranged for children whose state of health permitted.

There were also 200 non-pulmonary cases, of which number 108 were in institutions, chiefly Fazakerley Sanatorium, Alder Hey Hospital and Leasowe.

In cases where a previous lesion has been arrested, so that treatment on the grounds of tuberculosis is no longer necessary, but some degree of debility persists, arrangements exist whereby suitable treatment can be obtained through the Child Welfare Association.

INFECTIOUS DISEASES IN SCHOOLS.

42. The usual infectious diseases were more prevalent during the year, 11,800 cases of children of school age being reported as against 7,852, 10,832, 8,750, 9,876 and 10,128 for the years 1927 to 1931, respectively.

Compared with last year there was a marked increase in scarlet fever, measles, chicken pox and mumps, but there was a diminution in the number of cases of whooping cough.

43. Diphtheria continued to be unusually prevalent during 1932, 1,785 cases occurring during the year compared with 1,634 during 1931.

An attempt is being made by the Public Health Department on a large scale to control diphtheria by means of active immunization. During the year, 37 schools were visited by one of the Assistant Medical Officers of Health for the purpose of giving the parents of the children attending the Infants' Departments an opportunity of having their children inoculated. The response on the whole has been gratifying, and 27 per cent. of the children on the rolls of these schools have been inoculated. The response varied greatly from one school to another, the highest being 60 per cent. and the lowest 10 per cent.

The total number of school children inoculated on school premises was 3,904. In addition several hundred children of school age were inoculated at the two immunization clinics held at the Carnegie Welfare Centre and the Norris Green Clinic respectively. There were no untoward difficulties and practically no interference with school attendance.

44. No schools or departments were wholly or partially closed during the year on account of infectious diseases.

The following tables shew the number of cases of the common infectious diseases with the ages of the children affected and the monthly distribution of the cases.

Table 7.

SCHOOL CASES OF INFECTIOUS DISEASE.

Monthly Distribution.

Disease.	Jan.	Feb.	March.	April.	May.	June.	July.	August.	Sept.	Oct.	Nov.	Dec.	Totals.
Diphtheria ...	148	184	134	97	151	148	111	154	154	154	196	154	1,785
Scarlet Fever ...	60	73	65	82	92	91	66	66	76	138	164	193	1,166
Whooping Cough ...	230	117	86	98	106	113	6	33	31	19	30	27	896
Chicken Pox ...	107	154	214	299	395	351	69	66	109	152	97	162	2,175
Mumps ...	69	188	271	290	219	197	7	17	24	36	69	72	1,459
Measles ...	96	259	394	662	1073	1,076	252	62	98	169	121	57	4,319
	710	975	1164	1528	2036	1,976	511	398	492	668	677	665	11,800

Table 3.

SCHOOL CASES OF INFECTIOUS DISEASE.

Age Distribution.

Disease.	Under 5	Under 6	Under 7	Total Under 7	Under 8	Under 9	Under 10	Under 11	Under 12	Under 13	Under 14	Over 14	Total 7 and over	GRAND TOTAL.
Diphtheria ...	40	288	325	653	266	191	175	156	155	113	60	16	1,132	1,785
Scarlet Fever ...	26	207	202	435	177	114	148	112	90	49	32	9	731	1,166
Whooping Cough	71	462	215	748	98	16	12	13	5	3	1	—	148	896
Chicken Pox ...	101	534	632	1,265	412	207	116	83	45	29	17	1	910	2,175
Mumps ...	49	330	338	717	306	182	99	48	47	30	24	6	742	1,459
Measles ...	188	1,745	1,182	3,115	447	228	139	121	79	49	34	107	1,204	4,319
	475	3,566	2,892	6,933	1,706	938	689	533	421	273	168	139	4,867	11,800

SCHOOL PREMISES.

45. The School Medical Officers, on the completion of their annual routine examinations at the schools, make a report on the conditions of the premises with regard to such items as the efficiency of the heating, lighting, ventilation, condition of playgrounds, etc., and references with regard to all defects found are referred to the appropriate quarters when considered necessary.

46. The Surveyor has kindly supplied the following particulars relating to improvements made in connection with Public Elementary Schools during the year 1932.

LIST OF IMPROVEMENTS MADE DURING 1932 IN VARIOUS SCHOOLS.

Installation of Electric Lighting in place of Gas Lighting

Mossley Hill C.E. School.
 St. Catherine's C.E. School.
 St. Anne's R.C. School, Goulden Street.
 West Derby C.E. School.

Improvement of Heating Installations.

Broad Square School.
 Beaufort Street School.
 " Breckfield " (Granton Road) School—Bath Boiler
 Fonthill Road School.
 Monksdown Road School.
 Netherfield Road School.
 Gill Moss R.C. School.
 Much Woolton C.E. School.
 St. Athanasius' C.E. School.
 St. Hugh's R.C. School.
 West Derby C.E. School.

Miscellaneous.

Roscommon Street School.	Playgrounds Reconstructed.
All Saints' R.C. School.	Ditto.
St. Anne's R.C. School—Goulden Street.	School Modernised.
Our Lady Mount Carmel R.C. School.	Re-flooring.
St. Anne's R.C. School.—Goulden Street.	Ditto.
St. Athanasius' C.E. School.	Ditto.
St. Jude's C.E. School (Classroom).	Ditto.
St. Lawrence C.E. School.	Ditto.

Broadgreen Road School.	Removal of Galleries and Re-flooring.
Rice Lane School (Infants').	Ditto.
" Newsham " School, Boaler Street. (Staff Lavatory.)	Improvement of Lavatory Accommodation.
" Florence Melly " School (Junior Girls).	Ditto.
" Rathbone " School (Infants').	Ditto.
Steers Street School.	Ditto.
St. James' Council School.	Ditto.
Steers Street School.	New Science Rooms.
Gwladys Street School.	New Teachers' Room Annexe.
Netherfield Road School.	Erection of Play Shed.
Evered Avenue School.	Erection of Cycle Sheds.
" Roscoe " School, Garsfield Road.	Ditto.
Holy Trinity C.E. School, Ashwell Street.	Improvement of Gas Lighting. (Pendants replaced by "Westminster" Lamps.)
Emmanuel School, Mill Road	Demolition of stable buildings and formation of playground extensions, etc..
West Derby C.E. School.	New Teachers' Rooms.

NOTIFICATION OF DEFECTS AND ARRANGEMENTS FOR FOLLOWING UP.

47. The scheme for the notification to parents of any defects found at the examination of their children, and the subsequent following up of such notification, remains the same as that described in previous Annual Reports.

During 1932 the percentage of parents attending the routine examinations was as follows:—In the case of the Entrants 84.0 per cent., in the case of the Intermediates 45.3 per cent., but the percentage of parents attending the medical examination of the group of Leavers was only 16.5 per cent. All these figures shew a slight improvement on the figures for 1931. Should the parents not be present at the time of the examination, and it be considered particularly desirable to discuss the health of their children with them, special efforts are made by the School Medical Officers to secure their attendance on a subsequent occasion.

Presence of
Parents.

48. The accompanying Table 9 shews the number of notices given or sent to parents concerning the various defects for which treatment was considered necessary. The numbers for 1931 are given for comparison.

Table 10 gives the results of the following-up by the different agencies undertaking the work.

Table 9.
Notification to Parents re Defects.

Defects.	First Notices.		Second Notices.		Third and subsequent Notices.		Totals.	
	1931	1932	1931	1932	1931	1932	1931	1932
Defective Vision :—								
A.—Untreated cases	3,359	2,785	446	373	140	130	3,945	3,288
B.—Previously treated cases :								
(i) Glasses lost, broken, or unsuitable.....	3,991	4,485	60	74	2	12	4,053	4,571
(ii) Glasses not being worn ...	1,199	1,561	197	290	83	96	1,479	1,947
Eye conditions	112	111	3	5	—	1	115	117
Defective Hearing	41	43	12	6	1	—	54	49
Otorrhœa	44	65	4	1	—	1	48	67
Other Ear conditions	17	24	3	—	—	—	20	24
Enlarged Tonsils and Adenoids ...	2,353	2,389	197	248	69	68	2,619	2,705
Mouth Breathing	2,282	2,681	104	74	19	28	2,405	2,783
Defective Teeth :—								
A.—Referred by School Medical Officers	1,515	1,892	302	565	89	73	1,906	2,530
B.—Referred by School Dentists	49,743	56,601	—	—	—	—	49,743	56,601
Anæmia and Malnutrition	248	357	7	11	1	—	256	368
Skin conditions	98	72	2	4	—	—	100	76
Chest	245	226	3	4	—	—	248	230
Deformities	78	91	1	6	—	2	79	99
Other defects	1,064	1,257	110	127	25	45	1,199	1,429
Totals	66,389	74,640	1,451	1,788	429	456	68,269	76,884

Table 10.
Results of Following Up.

Following-up Agencies.	Carried over from previous year.	Referred during 1932.	Total.	Treated at School Clinics or elsewhere.	Treatment refused or evaded.	Left School, etc.	Total reported upon.	Cases still under observation at end of year.
SCHOOL ATTENDANCE STAFF—								
Vision	1,438	5,747	7,185	4,943	1,025	133	6,101	1,084
Dental: School Dentists' cases	9,835	56,601	66,436	18,226	42,157	—	60,383	6,053
Tonsils and Adenoids ...	448	2,451	2,899	1,696	901	47	2,644	255
Ringworm of Scalp ... (<i>re</i> X-Ray treatment)	10	106	116	82	30	1	113	3
HEALTH VISITORS' STAFF—								
Medical defects ...	110	384	494	142	184	13	339	155
General neglect ...	394	2,084	2,478	2,134	—	—	2,134	344
Verminous ...	1,807	12,427	14,234	12,473	—	—	12,473	1,761
CHILD WELFARE ASSOCIATION—								
Medical defects ...	157	1,720	1,877	1,350	310	2	1,662	215
OTHER AGENCIES—								
Medical defects ...	3	46	49	46	2	1	49	—

INSPECTION CLINICS.

49. On Saturday mornings and during the school holidays, the services of the School Medical Officers were utilised in the examination of absentees, children requiring certificates for employment, and certain special cases at the request of either the parents or the teachers.

These examinations are conducted at " Inspection Clinics " which, for the convenience of parents, are held at fourteen centres distributed over the City. The total number of examinations at these centres during the year was 9,523, of which 7,147 were made at the Central Inspection Clinic at the School Medical Office.

Children absent from school for any prolonged period are also examined by the School Medical Officers, unless such cases are known to be under regular medical treatment by practitioners or at institutions.

50. The following Table shews the defects from which the absentee children, who were examined with regard to their fitness to attend school, were suffering, along with the total number of examinations made:—

Table 11.
Examinations of Absentees.

DEFECT.	Total No. of examina- tions.	Children re-admitted to school.
Ringworm of Scalp	525	158
Scabies	2,139	840
Other skin conditions	88	60
Eye diseases	80	18
Ear diseases	23	11
Phthisis and suspected Phthisis	42	12
Other chest conditions	151	63
Tuberculosis other than Phthisis	64	28
Injuries and other Crippling Defects	109	38
Heart Disease	129	46
Rheumatism	50	18
Heart Disease and Rheumatism	87	26
Anæmia and Debility	247	100
Nervous conditions	157	51
Other defects	112	35
No defect found	1	1
TOTALS	4,004	1,505

EXCLUSIONS FROM SCHOOL.

51. The following Table shews the number of children excluded from school by the Medical Officers in the course of their inspections, or at the various treatment Clinics, and the defects for which they were excluded. The numbers for the preceding three years are also given for comparison. It will be observed that the number of cases of scabies has been steadily increasing during the last

three years, and further reference to this disease is made under the heading of Minor Ailments.

The increase in the number of exclusions on account of infectious diseases was due largely to an epidemic of measles, mumps and chicken-pox between March and June, whilst a further epidemic of scarlet fever and measles occurred in the latter part of the year.

Table 12.

Defect.	1929	1930	1931	1932
Eye diseases	364	298	331	383
Scabies	120	215	302	417
Ringworm of body	5	4	21	12
Ringworm of scalp	96	88	97	78
Other skin conditions	195	191	231	195
Infectious diseases	94	100	196	217
Pediculosis	12	16	12	6
Chest conditions (non-tuberculous)...	14	86	129	43
Tuberculosis (all forms)	3	6	10	3
Otorrhoea	8	14	16	17
Miscellaneous	265	355	473	508
TOTALS	1,176	1,373	1,818	1,879

UNCLEANLINESS.

52. Some slight improvement has again to be recorded in the numbers of children found at the Routine examinations to be infected with vermin. The percentage of boys discovered with infection of the heads was 5·49, but amongst the girls the figure was as high as 17 per cent.

The prevalence of cases of verminous body and clothing is considerably less, the figure in the case of the boys being ·5 per cent., whilst in the case of the girls the figure was even smaller, viz., ·14 per cent.

The School Nurses made 186,947 examinations of the children *re* cleanliness, and in 13,643 instances the children were found to be verminous or very dirty. In the case of 128 children, statutory notices were served upon the parents owing to their having failed to cleanse their children after previous notifications, and in the case of 44 children it was necessary to have the children compulsorily cleansed by the staff.

53. A new cleansing station in the Norris Green area was opened in December, the temporary Infant Welfare Clinic belonging to the Health Committee having been adapted for the purpose after it had ceased to be used by the Infant Welfare Department. This new cleansing station was much needed, for the condition of the children attending some of the schools in this new housing area had been found to be quite as bad as those attending schools in the more congested areas of the City.

There are now in operation six Cleansing Stations, which are so situated as to meet fairly satisfactorily the needs of all the areas of the City. The total number of attendances made at these centres during the year was 36,968, of which number 20,853 were on account of verminous conditions.

During the winter months, under the arrangements made with the Baths Committee, there were 17,252 attendances of school children at the various public slipper and spray baths. In addition to this number, the Beacon Street Spray Baths were available all the year round for school children in the neighbourhood, and 7,678 attendances were made at these baths.

VACCINATION.

54. The following Table shows the proportion of vaccinated and unvaccinated children in the Public Elementary and Higher Schools. In the case of the vaccinated children, the number of vaccination marks are also shewn.

The percentages of unvaccinated children in the Public Elementary Schools in the preceding five years were 20.6, 19.1,

18.9, 18.7, and 18.4, respectively; the corresponding figures for the children attending the Higher Schools were 16.6, 19.4, 19.4, 18.5, and 9.6.

Table 13.

Code Group.	Number examined.	Vaccinated.					Not Vaccinated
		One mark.	Two marks.	Three marks.	Four marks.	Total.	
Public Elementary Schools.							
Entrants	15,736	19·1%	13·9%	3·8%	40·3%	77·1%	22·9%
Intermediates ...	14,078	19·5%	11·2%	4·5%	46·1%	81·3%	18·7%
Leavers	14,008	21·9%	9·1%	4·9%	45·1%	81·0%	19·0%
Total	43,822	20·1%	11·5%	4·4%	43·7%	79·7%	20·3%
Higher Schools.							
All ages	6,499	22·8%	26·3%	8·1%	23·6%	80·8%	19·2%

PROVISION OF MEALS.

55. Under Sections 82—85 of the Education Act, 1921, free dinners have been provided for necessitous school children on week-days during term time and school holidays. The meals are cooked and served at certain centres, as shewn below:—

COOKING CENTRES.

Addison Street Day Industrial School.

Queensland Street Senior Special School.

The Richmond School, Richmond Terrace.

Dingle Lane Special School.

Northumberland Street (former) Day Industrial School.

Walton Road (former) Day Industrial School.

DINING CENTRES.

Addison Street Day Industrial School.

Banks Road Council School.

Queensland Street Senior Special School.

26, Richmond Terrace.

Dingle Lane Special School.

Northumberland Street (former) Day Industrial School.

Chalmers Hall, Westminster Road.

St. Titus' Hall, Portland Street.

St. Thomas's (old) School, Upper Frederick Street.

"Caledonian" (old) School, Oldham Street.

St. Aidan's Hall, Commercial Road.

"Major Lester," Council School, Sherlock Street.

Heyworth Street Council School.

Stanley Congregational Church, Green Lane.

Norris Green School Meals Centre.

The Committee have had under review the question of providing better accommodation by the replacement of certain Centres which the present economic conditions have rendered inadequate by reason of the increased numbers of children in attendance. Negotiations are pending for the tenancy of a Hall to supersede the Centre carried on at the premises of a private caterer in Wavertree. It is anticipated that the new centre will be opened on the re-assembling of the schools in the New Year.

There are six local caterers in the outskirts who supply meals for small groups of children who, owing to distance, cannot attend one of the Committee's main Dining Centres, whilst one residential institution supplies meals for the necessitous children attending the elementary school attached to the institution.

No charge is made to the parents, but meals are not granted if it is considered that the parents are in a position to provide meals at home. The guiding scale of family income was revised recently and put into force provisionally, the effect to be considered by the Committee early next year. The Public Assistance Committee are supplied with particulars of all children receiving free meals when the parents are in receipt of relief.

56. There are 158 schools out of a total of 190 elementary schools in the City in which free meal coupons are being issued to necessitous school children.

The Dining Centres were open on 311 days during the year, and the total number of meals supplied was 843,854, as compared with 590,805 in 1931, the daily average number of children who received meals being 2,713, or 813 more than the average for 1931.

The weekly number of meals provided varied during the year; the lowest being 10,055 in August, the highest 18,517 in December.

57. In October, 1931, arrangements were made whereby, in schools where a voluntary milk club was in existence, a limited number of necessitous children might also be supplied with milk. This arrangement was found to be very satisfactory, and was, therefore, continued throughout 1932. The total number of milk

meals issued to children during the year was 76,566, the average daily number in receipt of milk being 368.

The arrangements with the contractors for the delivery of the milk are not made direct by the Committee, but by the Head Teachers, and the Committee refund monthly to the Milk Clubs the amount expended in respect of these children.

SPECIAL SCHOOLS.

Schools for
the Blind.

58. The total number of children known to the Department, at the end of the year, who had been certified as “ Blind ” was 32, one of whom was in Hospital. Arrangements for the education of the others are shewn in the following table:—

School.	Boarders.	Day Scholars.
Wavertree School for the Blind	13	7
Catholic Blind Asylum, Brunswick Road ...	10	—
Taught privately	—	1

Sight-saving
Classes.

59. Four Defective Vision Classes are now maintained, viz., at Birchfield Road Council, St. James’s Council and Christ Church C.E. elementary schools and Underlea Day Open-Air School. The number on the roll of these classes at the end of the year was 123, the average attendance being 82. The classes are under the supervision of the Head Teachers of the schools, and are taught by special teachers, the work of the classes being continued on the lines detailed in previous Reports.

A great advantage of holding these special classes in the Public Elementary Schools is that the children are thus able to participate in the corporate life of the school.

There can be no doubt as to the value of these classes in providing education in a form suitable for children with seriously defective vision. When formerly no special provision was made for these children, a sense of inferiority and peculiarity often resulted, but now they develop self-reliance and self-confidence.

It is gratifying to report that the Special Schools Employment Officer, after conferring with the Oculist as to the particular occupations suitable for the various pupils on leaving school, has often been successful in obtaining employment for them. If it were not for the efforts of this Special Officer, these children, on account of their physical disability, would find difficulty in securing employment at all.

60. The following Table shews in detail the ocular defects found from which children attending the Sight-saving Classes were suffering.

Table 14.

Classification of Ocular Defects of Children attending Defective Vision Classes.

Myopia	49
Myopia with Nystagmus	4
Myopia with Coloboma and Nystagmus	1
Myopia with Congenital Cataract and Choroiditis ...	1
Optic Atrophy	9
Optic Atrophy with Nystagmus	2
Optic Atrophy with Choroiditis	1
Retinitis Pigmentosa	7
Choroido Retinitis	1
Choroido Retinal Atrophy with Nystagmus	1
Choroiditis	2
Choroiditis with Coloboma	1
Zonular Cataract... ..	1
Congenital Cataract	1
Congenital Cataract with old Iritis and Buphthalmos	1
Dislocated lenses	3
Kerato Irido Cyclitis with Buphthalmos	1
Rt. eye enucleated; Left sympathetic Irido Cyclitis	1
Corneal Nebulæ	6
Results of Ophthalmia Neonatorum	3
Corneal Opacities (? T.B.)	1
Interstitial Keratitis	7
Buphthalmos	1
High Hypermetropic Astigmatism	1
Albinism	4
Albinism with Nystagmus	1
Nystagmus	9
Nystagmus with other defects	3
Total	<u>123</u>

Schools for
the Deaf.

61. For the special education of deaf children, the Committee have one Day School with 147 scholars on roll, 103 of these being Liverpool children, of whom 15 are boarded by the Committee in the Institution for the Deaf close to the Day School. There are also 44 children from other areas who reside at the Institution and attend the Day School for their education. The Committee also pay for the board and education of certain Roman Catholic deaf children at Boston Spa. At the end of the year, there were seven Liverpool children boarded there.

M.D. and P.D.
Schools.

62. The accompanying return shews the results of the examinations made by the Certifying Officers for the ascertainment of Mentally and Physically Defective Children during the year:—

Table 15.

	Referred as Physically Defective.	Referred as Mentally Defective.
Passed for M.D. Schools—Day	—	180
„ „ „ Residential	—	9
Passed for P.D. Schools—Day Special or Day Open-Air ...	185	30
„ „ „ Residential	82	16
„ „ „ Epileptic Schools „	4	1
To remain in ordinary schools	23	128
Postponed for further trial in ordinary school or for treat- ment	34	323
Unsuitable for any school, M.D.	2	—
„ „ „ P.D.	9	—
Private Tuition	—	4
Referred to Child Guidance Clinic	—	2
Referred for Mental examination	3	—
Recommended for admission to Hospital	—	5
Referred to Deaf School	—	2
Referred to Defective Vision Class	—	1
Total number of children examined	342	701

**CASES NOTIFIED TO THE LANCASHIRE MENTAL HOSPITALS
BOARD DURING THE YEAR.**

1. (i) Children incapable of receiving benefit or further benefit from instruction in a Special School:—	
(a) Idiots	8
(b) Imbeciles	60
(ii) Children unable to be instructed in a Special School without detriment to the interests of the other children:—	
(a) Moral defectives	3
(b) Others	2
2. Feeble-minded children notified on leaving Special Schools on or before attaining the age of 16 years	62
Total	135

63. In addition to the examination of new cases referred for the purposes of ascertainment, 2,359 examinations of children attending the schools for the mentally defective and physically defective were made with regard to their suitability for continuance in attendance, as required by the Education Act of 1921.

In addition, 2,043 routine examinations and re-inspections were made by the School Medical Officers during the course of the year.

64. The following Table shews (a) the accommodation, number on rolls, and the average attendance in the various grades of Special Schools provided by the Committee; and (b) the number of admissions and withdrawals during the year:—

(a) Table 16.

Schools.	Accommodation.	No. on Rolls Dec., 1932.	Average Attendance. Dec., 1932.
Mentally Defective (day)	820	855	735·5
Physically Defective (day)	666	690	582·5
Physically Defective (residential) ...	68	68	68·0
Partially Blind (Classes)	140	123	101·6
Deaf	200	147	127·2

(b)

	M.D. Schools.	P.D. or Open-air School.	Deaf School.	Defective Vision Classes.
NEW ADMISSIONS	183	298	19	28
WITHDRAWALS (not including temporary withdrawals)				
1. At age limit (16 years).				
(a) Decertified	51	32	16	11
(b) Notified to Mental Deficiency Authority for Supervision, etc.	60	—	—	—
2. Under 16 years.				
(a) Decertified	8	188	1	3
(b) Notified to Mental Deficiency Authority	16	—	—	—
(c) Excused attendance	24	8	—	3
(d) Transferred to Residential M.D. Schools	12	—	—	—
(e) Certified as M.D.	—	22	—	—
(f) Attending Private Schools ...	2	4	—	1
(g) Left City, etc.	6	11	3	1
(h) Died	—	11	1	—
(i) Transferred to Schools for Blind	—	—	—	2
Total Withdrawals ...	179	276	21	21

Of the nine Day Special Schools which the Committee maintain, three are double centres for physically and for mentally defective children, three are schools for mentally defectives only, two are open-air schools for both delicate and physically defective children and one is a school for the deaf. There is also a residential country school at Woolton Vale for delicate children.

65. The Day Open-Air School for delicate children at Underlea **Underlea.** which was opened in 1930, has proved exceedingly popular, and there is always a considerable waiting list of children whose parents are anxious for their admission.

At this school a Defective Vision Class was also established in 1931, the total accommodation of the school being for 170 delicate children and 50 defective sighted children. At the end of the year there were in the school 169 delicate children and 26 defective sighted children. The average duration of stay of the delicate children was 18 months.

The average attendance of the delicate children for the year was 88 per cent., and of those attending the Defective Vision Class, 92 per cent.

66. Miss Anderson, the Head Teacher of the School, reports that there were very few occasions during the year when outdoor education could not be undertaken. In the summer months sun-bathing was encouraged, which resulted in obvious increased vigour and mental activity.

A Vacation School was held in July for four weeks, 129 children attending, the average attendance being 80 per cent. Although the weather was somewhat unsettled the children spent most of their time out of doors, and visits were paid to neighbouring Parks, Cast Iron Shore, Museum, Cathedral, Garston Docks and Port Sunlight. Each day parties of children were taken to swim at Garston Baths.

67. The Margaret Beavan Day Open-Air School, which was opened in 1931, provides accommodation for 180 children. It **Margaret Beavan Day Open Air School.** differs from the other Day Open-Air School at Underlea in the fact that, in addition to delicate children, physically defective children suffering from crippling defects, heart disease, etc., are also admitted.

In view of this, the out-door classrooms were specially designed in order that in good weather full advantage might be taken of

education under open-air conditions, whilst in the cold weather the rooms were capable of being suitably warmed.

During the year, 70 cases were admitted and 60 cases were discharged. Of this number, 29 were considered sufficiently improved to warrant their return to ordinary elementary schools.

68. As this school is a considerable distance from the nearest Orthopædic Clinic, and there were a number of children attending in need of regular massage, etc., arrangements were made whereby the Masseuse should attend three occasions per week to provide this treatment at the school, instead of requiring children to attend at the Clinic, one of the rooms in the administrative building being adapted and made use of for this work.

Woolton Vale
Country
School.

69. This residential school for boys and girls has accommodation for 68 delicate children, and continues to be conducted on similar lines to previous years.

The average duration of stay was slightly over six months, and the average gain of weight during the stay of the children was 9lbs.

All the School Medical Treatment services were available for the children attending the school, and in the case of dental treatment arrangements were made for it to be carried out on the school premises. During the year, the offer was made to the parents to have their children immunised against Diphtheria, and in the case of 73 children this offer was accepted.

70. Miss Shepherd, the Head Mistress, reports that in addition to the usual elementary subjects, Nature Study, Gardening, Care of Animals (rabbits), Care of Poultry, Country Dancing, Organised Games, and various forms of Handwork were included in the Curriculum. The handwork course included Needlework of various kinds, Chip-carving, Leather-work, Pewter work, Raffia work, simple Toy Making, etc. Drawing and designing also formed part of the syllabus.

As part of their outdoor activities, the children were allotted their own individual gardens, in which they were keenly interested.

By the kind assistance of visiting Officers, the Scout, Guide, Cub and Brownie movements were continued, and during the summer months camps were made in the grounds.

The school remained open during the summer vacation, when a much freer time-table was followed, which included visits to Parks and excursions to places of interest.

71. During the year, the Committee sent 65 children to the **Torpenhow**. Torpenhow Open-Air School at Frankby, Wirral, the children as a rule remaining there for six months. The great majority of children received very marked benefit from their period of residence there.

After leaving Torpenhow the children are kept under special supervision by the School Medical Staff for about two years, and steps are taken if possible to admit those who need further open-air education to one of the Day Open-Air Schools.

Miss Anson, the Matron, reports that the school continues to be run on similar lines to those in previous years. With regard to recreation, special features were made of the Boy Scout and Girl Guide movements and of Maypole Dancing, which usually takes place out of doors. On the visiting days the children give an entertainment of about half an hour's duration for the benefit of their parents.

The discipline of the children is controlled largely by the children themselves under the supervision of the Staff, four Captains (two boys and two girls) being appointed under the house system.

The Annual Re-Union of ex-pupils was again held, and an excellent attendance was recorded, 157 ex-pupils being present and participating in the Sports which had been specially arranged for them.

Other
Residential
Accommo-
dation.

72. In addition to the special schools and the accommodation provided at Torpenhow, the Committee maintain three beds at the West Kirby Convalescent Home, also six beds (mainly for heart cases) at the Liverpool School of Recovery, and they have secured the option of some places at the Maghull Home for Epileptics. During the course of the year, four cases have been in residence at West Kirby, and seven at the School of Recovery, whilst sixteen cases have been maintained at the Home for Epileptics.

Epileptics.

The Committee have found it necessary to secure places for certain mentally defective children in Residential Special Schools, and during the year 26 defectives were maintained at “ Pontville ” Roman Catholic Special School, Ormskirk, 8 at Allerton Priory Roman Catholic Special School, Woolton, and 2 at Dovecot Horticultural School for Mentally Defective Girls, Knotty Ash.

Dental
Treatment at
Industrial
and Special
Schools.

73. From Table iii, Appendix A, under the heading Epileptics, it will be seen that the number of such cases known to the Department was 102, of which number, 22 suffering from severe epilepsy were at no school or institution.

74. The following Table shews the work carried out in connection with the Special and Industrial Schools by the Dental Staff of the School Medical Sub-Committee during the year:—

Table 17.

	Industrial Schools.	Special Schools.	Total.
No. of inspection sessions	3	13	16
No. of treatment sessions	29	87	116
Total No. of sessions	32	100	132
No. of children inspected	276	1,208	1,484
No. of children requiring treatment	199 (71·1%)	911 (75·4%)	1,110 (74·7%)
No. of children treated	166	675	841
No. of attendances made for treatment	227	777	1,004
No. of teeth extracted	212	1,264	1,476
No. of teeth filled	130	343	473
No. of other operations	28	13	41
No. of administrations of general anæsthetic ...	113	576	689

75. In the past no charge has been made to the parent for the dental treatment of the children attending the Special Schools. As the Committee felt that many of the parents were equally able to make some contribution towards the cost of treatment as were the parents of children attending the Public Elementary Schools they decided early in the year, that an opportunity should be given to the parents to make a small payment if they were in a position to do so.

It was thought possible that this development might have an adverse effect on the large number of regular acceptances which had previously been received; but it is gratifying to be able to report that no such effect has been experienced. The percentage of acceptances received during the year actually rose from 78.2 per cent. (in 1931) to 80.0 per cent., whilst the contributions received at the two schools at which treatment has been completed since the arrangement came into force, have averaged 6½d. per child in the one case and 3d. per child in the other.

Visits were again paid four times during the year to the Industrial Schools in accordance with Home Office requirements. At the Hightown Residential Industrial School no parental consent for treatment is required, and this fact, coupled with the frequency of visits for treatment, has resulted in a very high standard of dental fitness. It is of interest to note that the extractions found to be necessary at this school, both of temporary and permanent teeth, averaged .88 teeth for each boy treated during the year. A comparison of this figure with that of 2.95, which is the corresponding one for the Public Elementary School children, illustrates in a striking manner the benefit of regular dental treatment, in conserving the permanent teeth.

HIGHER SCHOOLS.

76. The following Table gives the number of Higher Schools at which arrangements are in force for both medical inspection and treatment:—

Table 18.

	Boys.	Girls.	Mixed.
Provided.			
(1) Secondary Schools	4	5	2
(2) Technical Schools	3	1	*1
Not Provided, but aided.			
(1) Secondary Schools	2	2	—
(2) Technical Schools	—	—	—
Neither Provided nor aided	—	—	—

* Junior Section of the School of Art.

There has been no change made in the arrangements for inspection and the schemes for treatment as reported in 1931.

The number of medical examinations made in the Higher Schools were as follows:—

6,826 routine cases;

7,066 re-inspection cases;

307 special cases.

77. The proportion of pupils found to be requiring treatment (dental defects excluded) found at the routine examinations was 9.9 per cent., defective vision and minor deformities being the most common defects found.

Defective eyesight was noted in 26.7 per cent. of the pupils, but approximately 76 per cent. of these had already obtained glasses. Little difficulty is met with in the Higher Schools in securing the regular wearing of glasses by the pupils.

There is evidence of much more attention being given to the teeth of these pupils than in the case of the children in the Public

Elementary Schools, and many of the pupils pay regular visits to their dentists.

The heights and weights of the pupils due for routine inspection have been recorded by the gymnastic instructor, where there is such an official, and in other cases by the School Medical Officers. The following Table shews the result in inches and pounds respectively :—

Table 19.

Age.	Boys.			GIRLS.		
	Number examined.	Height.	Weight.	Number examined.	Height.	Weight.
8	29	50·6	57·1	33	50·7	58·5
9	47	52·0	61·0	34	52·2	61·4
10	63	54·6	66·9	44	55·6	71·4
11	303	57·1	72·6	201	56·3	76·6
12	762	57·7	79·1	408	58·0	85·8
13	660	59·1	87·0	346	60·4	97·0
14	783	61·9	97·0	344	62·1	106·0
15	327	63·9	108·7	329	62·8	111·6

EMPLOYMENT OF SCHOOL CHILDREN.

78. At the end of the year there were 1,450 school children (1,383 boys and 67 girls) who were employed out of school hours, 1,105 of these children being engaged in delivering milk or newspapers. The number of children employed in the various trades are shewn in Table 20.

Table 20.

Employment of School Children out of School Hours.

TRADE.	No. of cases on Register 31.12.31.	No. of new cases added to Register during the year.			No. of cases with-drawn from Register during the year.			No. of cases remaining on the Register, 31.12.32.		
		Boys.	Girls.	TOTAL	Boys.	Girls.	TOTAL	Boys.	Girls.	TOTAL
Bakers and Confectioners...	51	58	5	63	50	—	50	55	9	64
Butchers	51	43	—	43	45	—	45	49	—	49
Bootmakers and Repairers	14	15	—	15	18	—	18	11	—	11
Chemists	8	4	—	4	7	—	7	5	—	5
Chandlers	62	71	—	71	73	—	73	60	—	60
Chipped Potato Vendors ...	—	1	—	1	1	—	1	—	—	—
Coal Merchants	3	5	—	5	6	—	6	2	—	2
Drapers, etc.	3	7	—	7	4	—	4	6	—	6
Dealers—General	13	9	2	11	9	1	10	12	2	14
Dealers—Firewood	6	3	2	5	4	3	7	4	—	4
Domestic Helpers	2	—	—	—	1	1	2	—	—	—
Fish and Poultry Dealers...	1	2	—	2	2	—	2	1	—	1
Grocers	38	37	3	40	39	—	39	35	4	39
Greengrocers	158	147	2	149	149	2	151	154	2	156
Ironmongers	3	1	1	1	3	—	3	1	—	1
Milk Dealers	272	227	23	250	235	23	258	236	28	264
Newsagents	676	742	17	759	650	34	684	731	20	751
Various	40	20	2	22	37	2	39	21	2	23
TOTALS	*1,401	1,392	56	1,448	1,333	66	1,399	1,383	67	1,450†

*1,324 boys and 77 girls.

†1,383 boys and 67 girls.

79. In the case of those employments which necessitate work before school hours, the children undertaking such work have to be examined by the School Medical Officers and passed as physically fit before a certificate is granted. For this purpose 900 children were examined, and all except 7 were granted certificates. All children, whether working before school hours or after, require to have employment cards, which are issued by the Education Committee, and these children are kept under supervision by the School Medical Officers on their visits to the schools. Employment, which, under the local Bye-laws, is limited to two hours on school days and five hours on Saturdays and school holidays, seldom has any adverse effect upon their health, though occasionally it has been found advisable to recommend the giving up of work on the grounds of health.

During the year, 226 employers were warned by the Committee's officers for infringement of the provisions of the Bye-laws, and in 13 cases it was found necessary to prosecute. In 7 cases fines were inflicted, and the remaining 5 cases were discharged with a caution.

80. In accordance with the policy laid down, the Sub-Committee dealing with the licensing of children have consistently refused to grant licences for children to proceed on tour, except in cases where the parents or other members of the family are in the profession. **Theatrical Licences.**

The number of children employed in connection with theatrical performances has been greatly reduced. There were only 12 licences issued by the Education Authority during the year. Licences issued in Liverpool stipulate that the child must leave the place of entertainment not later than 10 p.m., and during the year representations were made to other authorities that they should follow this course. In some cases the time for leaving the theatre for Liverpool children was 9-30 p.m.

A notification of licensed children appearing in public performances in Liverpool is sent to the Chief Constable, who co-operates

in the supervision of the children, and reports any irregularity to the Director, who immediately deals with the matter.

The total number of children who appeared at the local theatres or picturedromes during 1931 was 59, compared with 57 in the preceding year, the great majority of these having been licensed by other authorities. All these children are visited by a special officer, who pays visits to the theatres to see that the rules and orders of the Board of Education are complied with. The health interests of every child are thus carefully guarded as far as possible.

JUVENILE EMPLOYMENT BUREAU.

81. Although the placing activities of the Juvenile Employment Committee have been greatly handicapped during the year by the continued depression in commerce and industry, it is gratifying to report an increase of 208 in the number of juveniles placed as compared with the previous year, the respective figures being 8,897 (3,658 boys and 5,239 girls) for 1932, and 8,689 (3,764 boys and 4,925 girls) for 1931. The number of vacancies notified to the Bureau was 10,118, an increase of 143 over the previous year.

The decline in the birth rate during the War years is again reflected in the number of children leaving the elementary schools, the figures having fallen from 11,058 in 1931 to 9,789 in 1932; this no doubt partly accounts for the reduced number of juveniles registering at the Committee's Bureau. The actual number of juveniles of 14 to 17 years of age dealt with during the year was 21,491, being 1,966 fewer than for the preceding year, and of this number 8,864 (4,069 boys and 4,795 girls) attended at the Bureau immediately on leaving school. An important phase in the work of advising children in the choice of suitable employment is the holding of school conferences towards the end of the school terms, and in this connection some 120 visits to schools have been made during the year by officers of the Juvenile Employment Bureau. It is hoped to extend these arrangements to a greater number of schools during the coming year.

The closest possible contact with local employers has been maintained throughout the year. In all, some 2,000 employers have visited the Bureau to discuss their needs, and 1,500 of the leading firms in the City have been specially canvassed by the Employment Officers, either on behalf of individual juveniles for whom openings of a particular nature were desired, or with the more general object of encouraging employers to utilise the services of the Bureau when in need of juvenile labour.

82. The Committee's After-Care Scheme has been in operation during the year, and "open evenings" have been held at the Bureau each week. 7,894 juveniles who had been placed in employment through the Bureau were invited to an "open evening"; of these, 3,539 attended and were interviewed by members of the Committee, and 2,061 sent written replies. It is satisfactory to record that the results of the after-care enquiries shew that the large majority of those placed in employment by the Bureau are satisfied with their work and are making good progress. This system of after-care provides the means of discovering children whose employment is unsuitable on the grounds of health or physical fitness, and of transferring them to more suitable occupations.

Special efforts have been continued during the year on behalf of juveniles from the Special Schools for physically and mentally defective children, and those suffering from defective vision. Following upon conferences held at the schools between the Medical Officers, Head Teachers and an Employment Officer, 183 of these children (110 boys and 73 girls) were registered at the Bureau. 224 special visits to employers were made with the object of finding suitable openings for them, with the result that 18 boys and 58 girls were placed in employment. Owing to the serious depression in industry, however, it is extraordinarily difficult to interest employers in the cases of children who are sub-normal.

There has been no change for the better in economic conditions in the Overseas Dominions during the year, and consequently the

Authority has not been called upon to arrange courses of training in farming at the "Williamson" Hostel for boys desirous of migrating, the Government Migration Schemes having been seriously restricted. It was possible, however, to utilise the Hostel for another course of training for boys willing to accept employment on farms in this country. Thirty-six boys completed the training course and, by the end of the year, situations in farm work were found for all but 8 of these lads. Boys applying for farm training are examined by the School Medical Officers to ascertain their suitability for work on the land.

83. By arrangement with the Technical and Commercial Education Sub-Committee, a special short course of training for unemployed boys as ships' stewards and cooks was inaugurated at the Nautical Training School with a view to their employment in hotels in the London area. With the assistance of the Ministry of Labour, 16 boys who undertook the training course were subsequently found employment in London hotels.

An interesting innovation has been made during the year under which weekly talks, of about ten minutes' duration, are given by selected speakers on subjects of practical interest to boys and girls attending the Bureau. These talks, quite informal in character, have been received with considerable interest by the boys and girls who have listened to them, a wide choice of subjects having been taken in which the following were included:— Personal appearance; first-aid; sport in relation to fitness; rambling for exercise and pleasure; advantages of swimming from the health and recreation point of view; safety first; helping at home; thrift.

84. The services of the School Medical Officers and the records of the Medical Department continue to be an important factor in the Local Education Authority's Scheme for advising and placing juveniles in employment, particularly when expert advice is needed as in the case of the selection of boys for employment in other parts of the country.

APPENDIX A.**ELEMENTARY SCHOOLS.****TABLE I.****RETURN OF MEDICAL INSPECTIONS****A.—Routine Medical Inspections**

NUMBER OF CODE GROUP INSPECTIONS :—

Entrants	...	...	...	...	...	...	...	...	...	15,973
Intermediates	...	...	...	...	...	...	...	...	...	14,288
Leavers	...	...	...	...	...	...	...	...	...	14,293
TOTAL										<u>44,554</u>

NUMBER OF OTHER ROUTINE INSPECTIONS :—

Public Elementary Schools	...	...	...	...	...	...	...	...	288
Special Schools	...	...	...	...	...	...	...	...	510
Nursery School	...	...	...	...	...	...	...	...	115

B.— Other Inspections.**i. PUBLIC ELEMENTARY SCHOOLS :—**

Number of Special Inspections	...	...	...	...	...	...	15,154
Number of Re-inspections	...	...	...	...	...	...	72,236
TOTAL							<u>*87,390</u>

ii. SPECIAL SCHOOLS :—

Number of Special Inspections	...	...	...	...	...	90
Number of Re-inspections	...	...	...	...	...	1,443
TOTAL						<u>*1,533</u>

* Not including children examined at Minor Ailments Clinics.

ELEMENTARY SCHOOLS.

TABLE II.

A.—Return of Defects found by Medical Inspection in the Year ended
31st December, 1932.

DEFECT OR DISEASE.	ROUTINE INSPECTIONS.		SPECIAL INSPECTIONS.	
	Number of Defects.		Number of Defects.	
	Requiring Treatment.	Requiring to be kept under observation, but not requiring Treatment.	Requiring Treatment.	Requiring to be kept under observation, but not requiring Treatment.
(1)	(2)	(3)	(4)	(5)
MALNUTRITION	78	135	24	11
UNCLEANLINESS	See Table IV, Group V.			
SKIN—				
Ringworm—				
Scalp	6	—	157	—
*Body	12	—	7	—
Scabies	22	—	891	—
*Impetigo	46	—	87	—
*Other Diseases (Non-Tuberculous)...	151	190	104	66
EYE—				
*Blepharitis	142	188	114	46
*Conjunctivitis	46	43	95	19
*Keratitis	5	—	9	—
*Corneal Ulcer... ..	11	—	24	—
Corneal Opacities	—	21	—	5
Defective Vision (excluding Squint)	1,548	2,917	3,864	469
Squint... ..	822	1,175	2,033	89
Other Conditions	22	87	25	22
EAR—				
Defective Hearing	64	172	68	51
Otitis Media	312	548	94	44
Other Ear Diseases	74	44	46	11
NOSE AND THROAT—				
Enlarged Tonsils only	582	3,737	346	320
Adenoids only	102	130	85	23
Enlarged Tonsils and Adenoids	200	312	148	38
Other Conditions	487	336	132	65
ENLARGED CERVICAL GLANDS (Non-Tuberculous)	17	383	18	53
DEFECTIVE SPEECH	80	332	66	95

* Exclusive of children examined at the Minor Ailments Clinics.

ELEMENTARY SCHOOLS.

TABLE II.—Continued.

DEFECT OR DISEASE (1)	ROUTINE INSPECTIONS.		SPECIAL INSPECTIONS.	
	Number of Defects.		Number of Defects.	
	Requiring Treatment. (2)	Requiring to be kept under observation, but not requiring Treatment. (3)	Requiring Treatment. (4)	Requiring to be kept under observation, but not requiring Treatment. (5)
HEART AND CIRCULATION—				
Heart Disease—				
Organic	—	173	10	46
Functional	2	1,129	1	145
Anaemia	257	417	117	50
LUNGS—				
Bronchitis	322	1,566	107	169
Other Non-Tuberculous Diseases ...	12	74	11	98
§TUBERCULOSIS—				
Pulmonary—				
Definite	—	—	6	6
Suspected	—	1	19	—
Non-Pulmonary—				
Glands	5	66	12	40
Spine	—	8	4	2
Hip	—	2	3	1
Other Bones and Joints ...	1	16	3	3
Skin	—	7	2	4
Other Forms	14	59	17	23
NERVOUS SYSTEM—				
Epilepsy	14	49	21	13
Chorea... ..	65	—	97	—
Other Conditions	52	177	49	59
DEFORMITIES—				
Rickets	31	125	14	16
Spinal Curvature	11	17	7	2
Other Forms	69	96	29	20
DEBILITY	529	1,266	445	231
OTHER DEFECTS AND DISEASES ...	726	1,486	600	479

§ Under the heading "Tuberculosis" most of the cases in columns (3) and (5) are cases in which the disease is quiescent but is not yet considered cured.

ELEMENTARY SCHOOLS.

TABLE II.—Continued.

B.—Number of Individual Children found at Routine Medical Inspection to require treatment (excluding Uncleanliness and Dental Diseases).

Group. (1)	NUMBER OF CHILDREN		Percentage of children requiring treatment. (4)
	Inspected. (2)	Requiring treatment. (3)	
CODE GROUPS :			
Entrants	15,973	2,166	13·6
Intermediates	14,288	1,969	13·8
Leavers	14,293	1,977	13·1
TOTAL (Code Groups)	44,554	6,112	13·7
Other routine inspections	288	53	18·4

ELEMENTARY SCHOOLS.**TABLE III.**

Numerical Return of all Exceptional Children in the Area
at the end of 1932.

			Boys.	Girls.	Total.
BLIND (including partially blind).	(i) Suitable for training in a School for the totally blind.	At Certified Schools for the Blind	21	9	30
		At Public Elementary Schools	—	—	—
		At other Institutions	—	—	—
		At no School or Institution	1*	1	2
	(ii) Suitable for training in a School for the partially blind.	At Certified Schools for the Blind or Partially Blind... ..	62	60	122
		At Public Elementary Schools	24	15	39
		At other Institutions	—	1	1
		At no School or Institution	—	1	1
DEAF (including deaf and dumb and partially deaf).	(i) Suitable for training in a School for the totally deaf or deaf and dumb.	At Certified Schools for the Deaf	56	45	101
		At Public Elementary Schools	2	1	3
		At other Institutions	—	1	1
		At no School or Institution	1	2	3
	(ii) Suitable for training in a School for the partially deaf.	At Certified Schools for the Deaf or Partially Deaf	—	—	—
		At Public Elementary Schools	32	37	69
		At other Institutions	—	—	—
		At no School or Institution	—	—	—
MENTALLY DEFECTIVE.	Feeble-minded ...	At Certified Schools for Mentally Defective Children	526	325	851
		At Public Elementary Schools	40	19	59†
		At other Institutions	14	9	23†
		At no School or Institution	27	9	36†
EPILEPTICS.	Suffering from severe epilepsy.	At Certified Schools for Epileptics	8	3	11
		At Certified Day Special Schools	8	3	11
		At Certified Day Open Air Schools	2	7	9
		At Public Elementary Schools	—	3	3
		At other Institutions	5	—	5
		At no School or Institution	11	11	22
	Suffering from epilepsy which is not severe.	At Public Elementary Schools	27	12	39
		At no School or Institution	1	1	2

* This child was receiving private tuition.

† A number of these cases have not yet been examined by the Certifying Medical Officer.

ELEMENTARY SCHOOLS.
TABLE III.—Continued.

			Boys.	Girls.	Total
PHYSICALLY DEFECTIVE	Active pulmonary tuberculosis (including pleura and intrathoracic glands)	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	62	36	98
		At Certified Residential Open Air Schools...	—	—	—
		At Certified Day Open Air Schools... ..	—	—	—
		At Public Elementary Schools	—	—	—
		At other Institutions	—	—	—
		At no School or Institution	24	27	51
	Quiescent or arrested pulmonary tuberculosis (including pleura and intrathoracic glands).	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	2	—	2
		At Certified Residential Open Air Schools...	—	—	—
		At Certified Day Open Air Schools... ..	5	6	11
		At Public Elementary Schools	144	137	281
		At other Institutions	1	2	3
		At no School or Institution	17	17	34
	Tuberculosis of the peripheral glands.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	5	—	5
		At Certified Residential Open Air Schools...	—	—	—
		At Certified Day Open Air Schools... ..	—	—	—
		At Public Elementary Schools	6	3	9
		At other Institutions	3	1	4
		At no School or Institution	12	10	22
	Abdominal tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	6	8	14
		At Certified Residential Open Air Schools...	—	—	—
		At Certified Day Open Air Schools... ..	—	—	—
		At Public Elementary Schools	—	1	1
		At other Institutions	2	3	5
		At no School or Institution	12	14	26
	Tuberculosis of bones and joints (not including deformities due to old tuberculosis).	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board ...	30	15	45
		At Public Elementary Schools	—	—	—
		At other Institutions	18	17	35
		At no School or Institution	8	9	17

ELEMENTARY SCHOOLS.

TABLE III—continued.

			Boys.	Girls.	Total.
PHYSICALLY DEFECTIVE (continued).	Tuberculosis of other organs (skin, etc.).	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board ...	—	—	—
		At Public Elementary Schools ...	6	2	8
		At other Institutions ...	—	—	—
		At no School or Institution ...	7	2	9
	Delicate Children, i.e., all children (except those included in other groups) whose general health renders it desirable that they should be specially selected for admission to an Open Air School.	At Certified Residential Cripple Schools ...	—	—	—
		At Certified Day Cripple Schools ...	23	23	46
		At Certified Residential Open Air Schools ...	34	53	87
		At Certified Day Open Air Schools ...	107	121	228
		At Public Elementary Schools ...	249	230	479
		At other Institutions ...	30	25	55
		At no School or Institution ...	38	28	66
	Crippled Children (other than those with active tuberculous disease) who are suffering from a degree of crippling sufficiently severe to interfere materially with a child's normal mode of life.	At Certified Hospital Schools ...	3	3	6
		At Certified Residential Cripple Schools ...	—	—	—
		At Certified Day Cripple Schools ...	122	84	206
		At Certified Residential Open Air Schools ...	5	2	7
		At Certified Day Open Air Schools ...	39	23	62
		At Public Elementary Schools ...	8	6	14 (9)
		At other Institutions ...	15	15	30 (12)
		At no School or Institution ...	35	32	67 (37)
	Children with heart disease, i.e., children whose defect is so severe as to necessitate the provision of educational facilities other than those of the public elementary school.	At Certified Hospital Schools ...	4	10	14
		At Certified Residential Cripple Schools ...	—	—	—
		At Certified Day Cripple Schools ...	37	66	103
		At Certified Residential Open Air Schools ...	3	3	6
		At Certified Day Open Air Schools ...	2	4	6
		At Public Elementary Schools ...	1	7	8
		At other Institutions ...	9	12	21
		At no School or Institution ...	24	41	65

The figures shewn within brackets indicate the number of children who should be receiving Special School Education. These numbers are included in the totals.

ELEMENTARY SCHOOLS.

TABLE III—continued.

CHILDREN SUFFERING FROM MULTIPLE DEFECTS AND THE TYPE OF SCHOOL, IF ANY,
ATTENDED.

Combination of Defects.	School attended, etc.	Boys.	Girls.	Total.
Total Deafness and Mental Defect...	At Certified School for the Deaf	—	1	1
Total Deafness, Mental Defect and Crippling	At no School or Institution	—	1	1
Mental Defect and Epilepsy ...	At Certified Schools for Mentally Defective Children	4	3	7
	At other Institution	1	—	1
	At no School or Institution	3	2	5
Mental Defect and Active Tuberculosis	At Sanatorium	1	—	1
	Attending Certified School for Mentally Defective Children	—	1	1
	At other Institution	1	—	1
Mental Defect and Crippling ...	At Certified Schools for Mentally Defective Children	10	13	23
	At other Institutions	1	1	2
	At no School or Institution	4	6	10
Mental Defect and Heart Disease...	At Certified Schools for Mentally Defective Children	2	2	4
	At no School or Institution	—	1	1
Epilepsy and Crippling	At Certified School for Epileptics	1	—	1
	At Certified Day Cripple Schools	—	1	1
	At Certified Day Open Air School	1	—	1
	At no School or Institution	3	1	4
Crippling and Heart Disease ...	At Certified Day Cripple Schools	1	2	3
	TOTAL ...	33	35	68

These figures are not included in any other part of table III.

ELEMENTARY SCHOOLS.

TABLE IV.

Return of Defects treated during the Year ended 31st December, 1932

TREATMENT TABLE

Group 1.—Minor Ailments (excluding Uncleanliness, for which see Group V)

Disease or Defect. (1)	*Number of Defects treated, or under treatment during the year.		
	Under the Authority's Scheme. (2)	Otherwise. (3)	TOTAL. (4)
SKIN—			
Ringworm—Scalp	84	107	191
Ringworm—Body	249	2	251
Scabies	426	625	1,051
Impetigo... ..	3,019	29	3,048
Other Skin disease	1,246	126	1,372
MINOR EYE DEFECTS— (External and other, but excluding cases falling in Group II)... ..	3,747	105	3,852
MINOR EAR DEFECTS	2,906	78	2,984
MISCELLANEOUS— (e.g. minor injuries, bruises, sores, chilblains, etc.)	19,809	67	19,876
TOTAL	31,486	1,139	32,625

* The numbers in Group I of this Table refer almost wholly to children treated at the Committee's Clinics. No reliable information is obtainable as to the number of cases treated elsewhere.

ELEMENTARY SCHOOLS.

Group II.—Defective Vision and Squint (excluding Minor Eye Defects treated as Minor Ailments, Group I).

Defect or Disease. (1)	NUMBER OF DEFECTS DEALT WITH.			
	Under the Authority's Scheme. (2)	Submitted to refraction by private practitioner or at hospital, apart from Authority's Scheme. (3)	Other- wise. (4)	TOTAL. (5)
ERRORS OF REFRACTION (including Squint)				
New Cases	2,844	118	11	2,973
Re-examinations	3,110	29	3	3,142
TOTAL	5,954	147	14	6,115
Other Defect or Disease of the eyes (excluding those recorded in Group I)	26	21	—	47
TOTAL	5,980	168	14	6,162

Total number of Children for whom Spectacles were prescribed:

(a) Under the Authority's Scheme	...	...	...	...	...	5,118
(b) Otherwise	...	...	...	...	...	154

Total number of Children who obtained or received spectacles:

(a) Under the Authority's Scheme	...	...	...	...	...	5,103
(b) Otherwise	...	...	...	...	...	154

ELEMENTARY SCHOOLS.**Group III.—Treatment of Defects of Nose and Throat**

	NUMBER OF DEFECTS.				
	RECEIVED OPERATIVE TREATMENT.			Received other forms of treatment.	Total number treated.
	Under the Authority's Scheme, in Clinic or Hospital. (1)	By private practitioner or Hospital, apart from the Authority's Scheme. (2)	TOTAL. (3)		
Tonsils and Adenoids ...	1,635	107	1,742	6	1,748
Mouth Breathing ...	—	—	—	142	142
TOTAL ...	1,635	107	1,742	148	1,890

Group IV.—Dental Defects.**(1) Number of Children****(a) Inspected :—**

		Aged				
Routine Age Groups ...	{	5	...	—	}	TOTAL ...
		6	...	8,699		
		7	...	8,830		
		8	...	8,891		
		9	...	9,173		
		10	...	9,087		
		11	...	8,431		
		12	...	7,685		
		13	...	5,206		
		14	...	584		
Specials	2,581
GRAND TOTAL ...						69,167

(b) Found to require treatment ... 56,601

(c) Actually treated ... 18,391

(d) Re-treated during the year as the result of periodical examination 7,631

(2) Half-days devoted to { Inspection ... 423 }
 { Treatment ... 2403 } TOTAL .. 2,826

ELEMENTARY SCHOOLS.

(3)	Attendances made by children for treatment	...	...	...	...	34,509
(4)	Fillings	$\left\{ \begin{array}{l} \text{Permanent Teeth} \dots 8,855 \\ \text{Temporary Teeth} \dots 4 \end{array} \right\}$		...	...	TOTAL ... 8,859
(5)	Extractions	$\left\{ \begin{array}{l} \text{Permanent Teeth} \dots 12,822 \\ \text{Temporary Teeth} \dots 40,811 \end{array} \right\}$		...	...	TOTAL ... 53,633
(6)	Administrations of general anæsthetics for extractions	...	...	...	...	20,276
(7)	Other operations	$\left\{ \begin{array}{l} \text{Permanent Teeth} \dots 1,666 \\ \text{Temporary Teeth} \dots 4 \end{array} \right\}$		...	...	TOTAL ... 1,670

Group V.—Uncleanliness and Verminous Conditions.

(1)	Average number of visits per school made during the year by the School Nurses	...	...	...	...	...	...	...	...	41.9
(2)	Total number of examinations of children in the Schools by School Nurses	...	...	...	...	...	...	...	...	186,947
(3)	Number of individual children found unclean	...	...	...	...	...	...	...	...	13,642
(4)	Number of children cleansed under arrangements made by the Local Education Authority, viz. :—									
	Under Statutory Notices	...	...	...	...	...	...	...	...	128
	* Voluntarily	...	...	...	...	...	...	...	...	29,290
(5)	Number of cases in which legal proceedings were taken :—									
	(a) Under the Education Act, 1921	...	...	...	...	...	...	...	...	Nil.
	(b) Under School Attendance Byelaws	...	...	...	...	...	...	...	...	Nil.
	(c) Under Liverpool Corporation Act, 1921 :									
	Informations	...	...	...	...	...	...	...	...	1
	Convictions ..	...	...	...	...	...	...	...	...	1

* In addition to this number, which represents more than one attendance of certain children, and not individual children, 7,678 other children also attended the Cleansing Station, for Spray or Slipper Baths, on their own initiative.

HIGHER SCHOOLS.

TABLE I.—RETURN OF MEDICAL INSPECTIONS.

A.—Routine Medical Inspections

Age.	8	9	10	11	12	13	14	15	16	17	Grand Total.
Boys ...	38	44	69	351	875	759	883	731	411	201	4,362
Girls ...	40	48	61	239	458	395	428	410	227	158	2,464
Total ...	78	92	130	590	1,333	1,154	1,311	1,141	638	359	6,826

B.—Other Inspections.

Number of Special Inspections	...	...	...	...	...	...	...	...	307
Number of Re-inspections	...	...	...	...	...	...	...	...	7,066
TOTAL	...	...	...	...	...	...	...	...	7,373

HIGHER SCHOOLS.

TABLE II.—A.

Return of Defects found by Medical Inspection in the Year
ended 31st December, 1932.

DEFECT OR DISEASE; (1)	ROUTINE INSPECTIONS.		SPECIAL INSPECTIONS.	
	Number of Defects.		Number of Defects.	
	Requiring Treat- ment. (2)	Requiring to be kept under observa- tion, but not requiring Treat- ment (3)	Requiring Treat- ment. (4)	Requiring to be kept under observa- tion, but not requiring Treat- ment. (5)
MALNUTRITION	3	30	—	—
SKIN—				
Ringworm—				
Scalp	—	—	—	—
Body	2	—	—	—
Scabies	—	—	—	—
Impetigo	1	—	—	—
Other Diseases (Non-Tuberculous) ..	7	54	—	4
EYE—				
Blepharitis	6	21	1	1
Conjunctivitis	2	5	1	—
Keratitis	—	—	—	—
Corneal Ulcers	—	—	—	—
Corneal Opacities	—	1	—	—
Defective Vision (excluding Squint)	352	1,462	126	39
Squint	26	128	10	6
Other Conditions	1	14	—	—
EAR—				
Defective Hearing	13	82	3	2
Otitis Media	9	86	—	3
Other Ear Diseases	2	12	1	1
NOSE AND THROAT—				
Enlarged Tonsils only	19	402	1	12
Adenoids only	2	13	—	1
Enlarged Tonsils and Adenoids	5	19	—	—
Other Conditions	17	105	3	8
ENLARGED CERVICAL GLANDS (Non- Tuberculous)	—	71	1	2
DEFECTIVE SPEECH	2	65	—	5

HIGHER SCHOOLS.

TABLE II.—Continued.

DEFECT OR DISEASE.	ROUTINE INSPECTIONS.		SPECIAL INSPECTIONS.	
	Number of Defects.		Number of Defects.	
	Requiring Treatment.	Requiring to be kept under observation, but not requiring Treatment.	Requiring Treatment.	Requiring to be kept under observation, but not requiring Treatment.
(1)	(2)	(3)	(4)	(5)
HEART AND CIRCULATION—				
Heart Disease—				
Organic	—	67	—	5
Functional	1	229	1	5
Anaemia	14	104	1	5
LUNGS—				
Bronchitis	—	79	—	4
Other Non-Tuberculous Diseases ...	1	14	—	—
*TUBERCULOSIS—				
Pulmonary—				
Definite	—	8	—	—
Suspected	—	—	—	—
Non-Pulmonary—				
Glands	—	6	1	1
Spine	—	—	—	—
Hip	—	1	—	—
Other Bones and Joints ...	—	2	—	—
Skin	—	—	—	—
Other Forms	—	3	—	—
NERVOUS SYSTEM—				
Epilepsy	—	—	—	—
Chorea... ..	1	—	—	—
Other Conditions	—	25	1	—
DEFORMITIES—				
Rickets	—	—	—	—
Spinal Curvature	15	31	1	1
Other Forms	12	60	—	1
Flat Feet	136	225	6	6
OTHER DEFECTS AND DISEASES ...	110	538	10	23

* Under the heading of Tuberculosis most of the cases in column (3) and (5) are cases in which the disease is quiescent but not yet considered cured.

HIGHER SCHOOLS.

B.—Number of Individual Children Found at Routine Medical Inspection to Require Treatment (excluding Uncleanliness).

Group. (1)	NUMBER OF CHILDREN.		Percentage of children requiring treatment. (4)
	Inspected. (2)	Requiring treatment. (3)	
CODE GROUPS :			
Total	6,826	677	9.9

TABLE IV.

Return of Defects treated during the Year ended 31st December, 1932.

TREATMENT TABLE.

Group I.—Minor Ailments (excluding Uncleanliness).

Disease or Defect. (1)	Number of Defects treated, or under treatment during the year.		
	Under the Authority's Scheme. (2)	Otherwise. (3)	TOTAL. (4)
SKIN—			
Ringworm—Scalp	—	—	—
Ringworm—Body	—	1	1
Scabies	—	1	1
Impetigo... ..	—	—	—
Other Skin Diseases	—	14	14
MINOR EYE DEFECTS (External and others, but excluding cases falling in Group II)	2	13	15
MINOR EAR DEFECTS	5	22	27
MISCELLANEOUS (e.g. minor injuries, bruises, sores, chilblains, etc.)	—	5	5
TOTAL	7	56	63

HIGHER SCHOOLS.

Group II.—Defective Vision and Squint (excluding Minor Eye Defects treated as Minor Ailments—Group I).

DISEASE OR DEFECT		NUMBER OF DEFECTS DEALT WITH			
		Under the Authority's Scheme	Submitted to refraction by private practitioner or at Hospital, apart from the Authority's Scheme	Other-wise	Total
(1)		(2)	(3)	(4)	(5)
Errors of Refraction (including Squint).	New Cases	86	63	49	198
	Re-examination Cases	196	58	44	298
Other Defect or Disease of the eyes (excluding those recorded in Group I).....		—	—	—	—
TOTAL		282	121	93	496

Total number of children for whom spectacles were prescribed :—

(a) Under the Authority's Scheme	...	...	...	...	...	244
(b) Otherwise	...	...	...	...	...	212

Total number of children who obtained or received spectacles :

(a) Under the Authority's Scheme	...	...	...	...	...	243
(b) Otherwise	...	...	...	...	...	212

HIGHER SCHOOLS.

Group III.—Treatment of Defects of Nose and Throat.

	RECEIVED OPERATIVE TREATMENT			Received other Forms of Treatment	Total number treated
	Under the Authority's Scheme, in Clinic or Hospital (1)	By Private Practitioner or Hospital, apart from the Authority's Scheme (2)	Total (3)		
Enlarged tonsils and adenoids.....	11	15	26	3	29
Mouth Breathing	—	—	—	19	19
TOTAL	11	15	26	22	48

LIVERPOOL EDUCATION COMMITTEE.

*REPORT BY THE INSPECTOR OF PHYSICAL
TRAINING FOR THE YEAR 1932.*

The interest and enthusiasm of teachers for the physical welfare of the school population of Liverpool has been maintained throughout the year. In addition to the lessons given in playgrounds and school halls, based on the Syllabus of the Board of Education, the majority of senior departments include **organised games** and **athletic training** in playing fields or public parks, and **swimming instruction** at school or public baths, in the school time-tables.

Classes of instruction for teachers in Physical Exercises, and in games for Playground and Playing Field, were conducted after school hours, and the response of the teachers was very keen. These classes of instruction serve as "refresher" courses; they are the means of promulgating fresh ideas in method, organisation and performance, and they provide the teachers with a stimulus to maintain their work in the schools at a high standard.

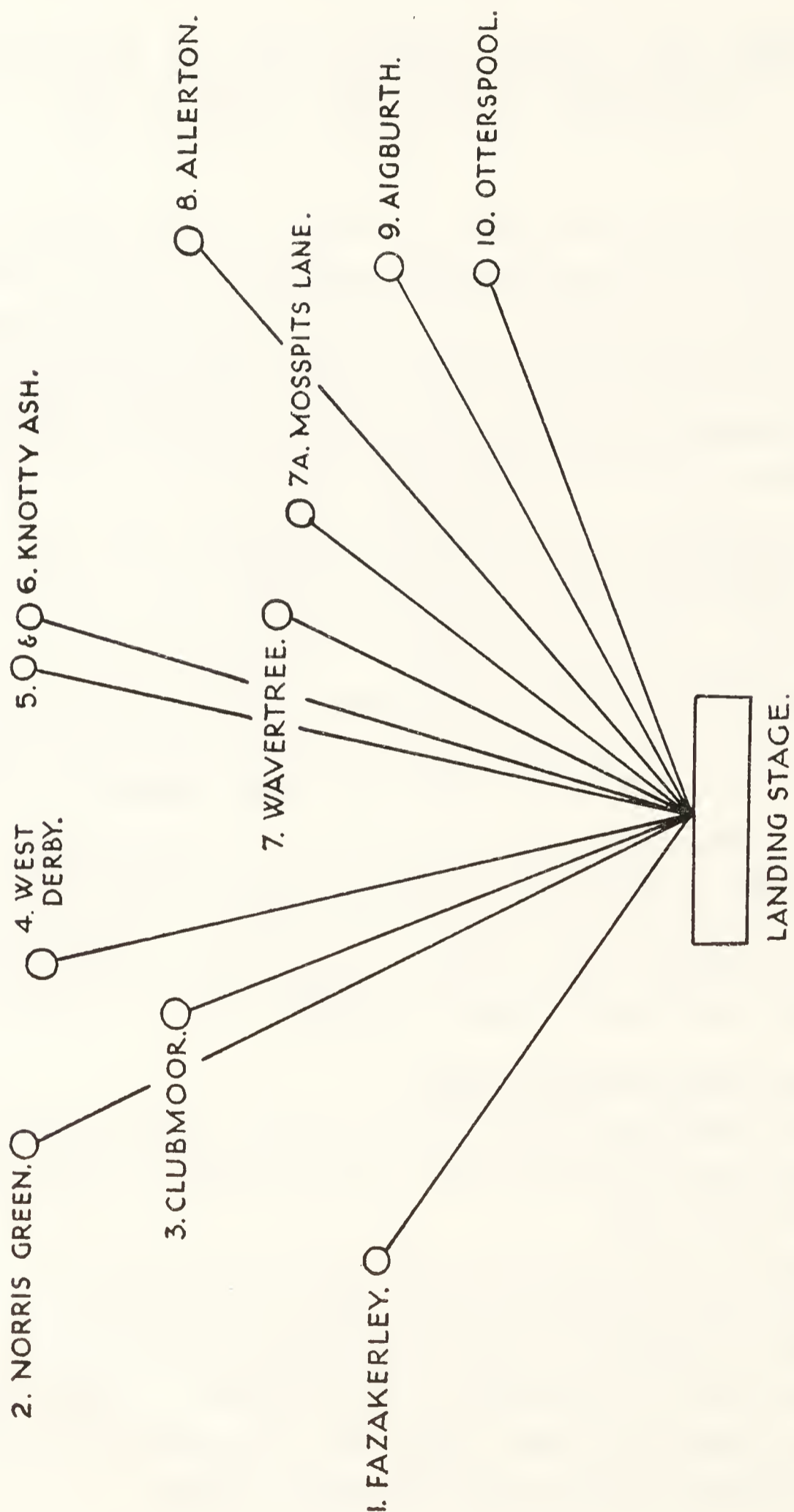
The ever-increasing work carried out by the teachers **out of school hours** has included the organisation of inter-house, inter-school and inter-city contests in football, cricket, baseball, rounders, netball and hockey; competitions in athletics and swimming; and school holiday camping.

Elementary School Playing Fields.

The last systematic survey of the need for, and the provision of, elementary school playing fields, was presented to the Committee on March 13th, 1930.

The Board of Education decided to allow the 50 per cent. grant on capital expenditure incurred during the Programme period 1930-1933, to apply to land purchased for the purpose of the organised games of elementary school children. Since 1928 the Board of Education have urged the Committee to provide a separate playing field for each new senior school.

The accompanying diagram shows the approximate positions of land acquired, rented, or suggested for acquisition, as elementary school playing fields (to date September, 1932).



Details of Elementary School Playing Fields. Caretaking.

No. 1 (see diagram).

LONG LANE, FAZAKERLEY. 8 acres. This field has been in use for over 8 years. It is rented. It is fenced and has an Army hut as pavilion ; lavatories are provided.

The Caretaker of Barlows Lane Council School is paid £1 per week to act as supervisor and general custodian.

Twenty-five schools from the congested areas of Scotland Road use this field, with free transport ; neighbouring schools use it regularly. The field is also used extensively for school sports, and inter-school competitions.

No. 2.

SCARGREEN AVENUE, NORRIS GREEN. 8 acres. This field has been purchased by the Education Committee. It has been fenced and the ground has lately been levelled and sown with grass seed. It will not be ready for full use for two years ; a pavilion with offices has been erected.

The Caretaker of Wellesbourne Road Council School is paid £1 per week to act as supervisor and general custodian.

No. 3.

TOWNSEND LANE, CLUBMOOR. 8 acres. This field has been purchased by the Education Committee. The surface of the ground has been levelled and sown with grass seed. It has occasionally been used for games since April, 1932. The Education Committee approved expenditure on fencing and laying-out a running track. This is urgently needed. Delay has occurred in receiving the approval of the Board of Education.

The Caretakers of Pinehurst Avenue and Townsend Lane Council Schools share the duties of supervisor and custodian, for which £1 per week is paid.

No. 4.

BACK LANE, WEST DERBY. 5 acres. This field has been purchased by the Education Committee. The surface of the ground has recently been reconditioned. Limited use is made of the field at present, and full use is expected in 1933. There is a pavilion and offices on the field, and it is fenced.

The Caretaker of Broad Square Council School is paid £1 per week to act as general custodian and caretaker.

No. 5.

THOMAS LANE (No. 1), KNOTTY ASH. 2 acres. This field is rented from the Estate Committee and has been in regular use for 9 years. It is fenced and has an Army hut as pavilion. The lavatories of the adjoining Church of England School are used.

The Head Master of the adjoining school acts as Honorary custodian, with permission to pay not more than 10/- per week for casual labour.

Fourteen schools from congested areas use this field under the free transport scheme and neighbouring schools use it regularly.

No. 6.

THOMAS LANE (No. 2), KNOTTY ASH. 8 acres. This field has recently been purchased by the Education Committee. It is not yet fenced nor conditioned. Limited use is made of it by neighbouring schools. The provision of fencing and pavilion and offices will be recommended in the near future. This field requires much preparation, including drainage.

No Caretaker has yet been appointed.

No. 7.

SANDOWN PARK, WAVERTREE. 8 acres. This field has been purchased by the Education Committee. It is well fenced and has a pavilion with offices. The surface of this field has been put in excellent condition by the Committee's Chief Groundsman, who is responsible for its care and supervision in addition to his other duties in connection with playing fields and school gardens.

Four schools from congested areas use this field with free transport. Neighbouring schools use it daily. The field is also used extensively for school sports, athletic training, inter-school and inter-town competitions.

No. 7a.

MOSSPITS LANE SCHOOL. $1\frac{1}{2}$ acres. Two schools from congested areas have used this field in Summer, 1932. This is part of the school site, is fenced and has a rough grass surface.

No. 8.

HEATH ROAD, ALLERTON. 8 acres. Not yet allocated, but **urgently recommended.**

No. 9.

"UNDERLEA," AIGBURTH. 2 acres. Owned by the Education Committee. The use is shared with Secondary and Technical Schools. No pavilion or offices. The provision of a storage hut and lavatory is necessary.

Since the opening of Underlea Special School there has been no official Caretaker.

No. 10.

JERICHO FARM, OTTERSPOOL. 7 acres. Rented from the Estate Committee. It is well fenced and has a pavilion with offices. The surface is excellent. The farmer is paid £1 per week to act as general supervisor.

Sixteen schools from congested areas use this field with free transport. Neighbouring schools use it regularly. The field is also used extensively for school sports and inter-school competitions.

CARETAKERS OF PLAYING FIELDS.

The appointment of a responsible person in uniform to act as "policeman" of a playing field and to supervise the care of apparatus and property is necessary. This man should be a resident near the ground in order to pay frequent visits during hours of play, and also after school hours and on Sundays. This is not a full-time job and the present policy of paying an additional £1 per week to a school Caretaker in the vicinity has proved highly satisfactory and economical.

Games Supervision in Public Parks during Summer Holidays, 1932.

The Elementary Education Sub-Committee, in co-operation with the Parks and Gardens Committee, carried out their scheme for the thirteenth successive year, whereby definite games and other physical activities were organised by teachers in the larger public parks of Liverpool during the five weeks of the elementary schools' summer holidays.

The Wavertree Playground was again available, and in all seven parks were staffed, as enumerated below. In each park three paid supervisors were appointed—two men and one woman—who were on duty from 1.0 to 5.0 p.m. daily (Saturdays, Sundays and Bank Holiday excepted).

Games apparatus was supplied by the Committee and stored in and issued from the lock-up huts provided for that purpose. The items of apparatus were:—Netball posts, rounders, baseball and cricket bats, cricket and rounders stumps, baseball bases, jumping standards, cricket balls, baseballs, netballs, ropes for tug-of-war and skipping, and boxing and wicket-keeping gloves.

The weather was generally fine throughout, and nearly all the material for games was in constant use.

The attendance varied in the different parks, the **average daily attendances** of children under the immediate control of the organisers being as follows:—

						Boys.	Girls.	Total.
Stanley Park	...	...	...	...	...	290	79	369
Garston Recreation Ground			...	...	...	156	130	286
Wavertree Playground	...		...	...	...	200	107	307
Sefton Park (Review Field)			...	...	...	245	85	330
Clubmoor Recreation Ground			...	...	...	270	112	382
Sheil Park	...	...	...	...	...	174	90	264
Princes Park	...	...	...	...	...	400	160	560
TOTALS						1,735	763	2,498

Inter-park cricket and rounders matches were organised, and teams were also formed representing schools or "streets." The chief weekly event in each park was the Sports Meeting, at each of which hundreds of children competed. Events for competition were: bowling at wickets, sprinting, horse and rider races, marathon races, hidden treasure hunts, jumping, wheelbarrow races, netball shooting, three-legged races, and special events for infants. The scheme allowed the weekly expenditure of a sum of 5s. per park for the purchase of small prizes. Interested spectators and teachers supplemented these prize funds.

The number of boys participating was more than double that of girls. Many girls have household duties or are placed in charge of infants and perambulators when on holiday. In several parks the teachers organised a little crèche for such infants while the older girls played games.

The park superintendents and their staffs co-operated with the teachers in their work, and warmly welcomed the presence of games organisers.

No serious accidents occurred, and the honesty of the children in returning the apparatus to the storage huts from distant playing pitches was again highly commended.

In each park a number of adults volunteered their help, which was very welcome, especially on Sports days.

School Camps. Summer Holidays, 1932.

The Elementary Education Sub-Committee has given approval each year since the summer of 1920 for the payment of grants-in-aid to assist teachers in taking poor children from the elementary schools to camp for a portion of the summer holiday. The amounts expended to date are as follows:—

Year.	Total Grant from L.E.A.			Number of Camps.
	£	s.	d.	
1920	348	10	0	22
1921	210	0	0	10
1922	71	0	0	4
1923	192	0	0	10
1924	483	10	0	24
1925	588	0	0	27
1926	697	10	0	31
1927	1,000	0	0	42
1928	1,027	0	0	42
1929	1,490	7	0	69
1930	1,628	9	0	66
1931	1,655	10	0	79
1932	1,651	1	0	86

In preparing the scheme for 1932, all elementary schools in Liverpool were circularised in February, inviting applications for inclusion, and 88 schools sent in applications which were favourably considered and approved by the Sub-Committee. Two schools subsequently withdrew their applications, and 86 camps were conducted.

The Board of Education approved, for the year 1932, the expenditure of £1,750 on School Holiday Camps. Owing to the large number of applications from schools received, the Sub-Committee decided to approve grants-in-aid for “one-week” camps only, at the rate of £1 per leader and 9s. per child. (In 1931 a grant of 10s. per child was allowed.)

It is interesting to report that the total amount expended on all camps from all sources was £4,665 7s. 5d.; this shows that the

Committee's policy of "helping those who help themselves" is fully justified.

The total numbers attending camps were 3,422 children (2,850 boys, 572 girls).

The camps were generally reported upon by the official visitors as being well organised, the sanitary arrangements sufficient, the food wholesome and ample, and the various activities health-giving. Minor criticisms and suggestions mentioned in the reports were passed on to the organisers concerned. Several accidents occurred at camp, which were efficiently dealt with by the leaders, with medical advice when necessary.

Evening Play Centres. Winter Months.

The premises of 15 schools were used regularly throughout the Session, on Tuesday and Thursday evenings, from 5.30 to 7.30 p.m.

A Superintendent of a Play Centre retires automatically after serving for three Winter Sessions, and leaves a vacancy for a fresh appointment. This policy, which was adopted by the Evening Play Centres Sub-Committee several years ago, has proved successful, as it not only ensures the introduction of fresh schemes and ideas into the work, but also enables the Committee to give a greater number of assistant teachers the chance of gaining experience in organisation and control.

Several changes were made in the personnel of the staffs, in accordance with the Sub-Committee's policy, and four centres, viz., Wellington Road, St. Paul's C.E., Toxteth, Penrhyn Street, and Netherfield Road, were conducted by newly appointed superintendents.

The Supervisors paid surprise visits to all the centres throughout the session, and report that all centres were effectively controlled; that misconduct by the children was seldom seen; that the teachers appointed worked with keen interest; and that approximately 6,500 poor children were entertained for two hours on each evening of opening.

Visits by members of the Evening Play Centres Sub-Committee during periods of normal routine were welcomed by the children and teachers.

The large number of day schools from which children attend shows that the play centres have become well known to the parents and children in the districts in which they are situated, and have been accepted as a useful factor in their social life.

Playground Play Centres. Summer Months, 1932.

In 1930, the Elementary Education Sub-Committee approved the maintenance of an experimental scheme whereby a certain number of school playgrounds situated in congested areas of the City were staffed on certain evenings of the week with teachers. The purpose of the scheme was not only to provide opportunities for recreation and play, but also to draw the children, and particularly the younger ones, away from the dangers arising from the heavy traffic in the streets. Twenty-four playgrounds were opened for two hours on two evenings a week, and (with the exception of the school holiday period) the attendance averaged 70 children in each playground.

In 1931, the Elementary Education Sub-Committee decided to invite the co-operation of the Managers and Head Teachers in the selection of school playgrounds, and to exclude the holiday weeks; 21 playgrounds were selected and staffed; 4 playgrounds were opened for 2 evenings a week, 4 for 3 evenings, 2 for 4 evenings, and 11 for 5 evenings each week. Two-hour sessions (5.30--7.30) were general, and the staffs were appointed from the day schools attached to the playgrounds concerned in all cases possible. An average attendance of 75 children was maintained.

In 1932, the Elementary Education Sub-Committee approved the repetition of the 1931 scheme, and the Managers and Head Teachers were again invited to recommend playgrounds. Eighteen playgrounds were staffed for eight weeks previous to the summer holidays, and for eight weeks after the holiday.

The average total attendance each evening was 1,496 children. About one-half of these children stayed for an hour or more, the others attended for shorter periods. In most cases the work of teachers appointed to their own day school playgrounds was more successful than that of visiting teachers.

Bat and ball games, football with rubber balls, handball, racing, skipping and jumping were the most popular pastimes. Minor activities, such as skittles, infant circle games, quoits, rings and volley ball, which could be conducted in sheds and alcoves, proved attractive. Other novelties introduced in certain playgrounds were:—Boxing, bagatelle (a borrowed table), table tennis (black-boards on desks as improvised tables), clock golf, while fairy cycles and perambulators were admitted in several playgrounds.

Swimming Instruction. Public Baths. School Baths.

All instruction in swimming is done by class teachers, and no paid specialists or coaches are employed. Details of the excellent results obtained during the year 1932 will appear later in this report.

The total attendances at the Corporation Public Swimming Baths and the School Swimming Baths shew an increase over any previous year.

The provision of more swimming baths is seriously needed. This need is felt chiefly in the new housing areas, where thousands of children are in new schools which are far too distant from existing Public Swimming Baths to allow any swimming instruction to be attempted; and none of the new schools have school baths. This is a problem which, it is hoped, will receive the immediate attention of the Baths Committee and the Education Committee.

SUMMARY OF ATTENDANCES.

SUMMARY OF ATTENDANCES.				1931		1932	
Public Swimming Baths—				Boys.	Girls.	Boys.	Girls.
Summer Months	...	...	...	268,102	143,633	288,063	149,495
Winter Months	...	...	...	66,207	11,956	75,482	15,803
School Swimming Baths—							
Summer Months	...	...	...	59,043	48,757	78,175	55,046
				597,698		662,064	
				attendances.		attendances.	
Increase of				...	64,366 attendances.		

Public Baths Attendances, 1932.

Name of Bath	ATTENDANCES		ATTENDANCES		ATTENDANCES	
	SWIMMING PLUNGES		SWIMMING PLUNGES		SLIPPER AND SPRAY BATHS	
	Summer Months, 1932 April, May, June, July, Aug., Sep., Oct.		Winter, Months, 1932 Jan., Feb., Mar., Nov., Dec.,		Winter Months, 1932 Jan., Feb., Mar., Nov., Dec.,	
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.
Cornwallis Street	16,593	10,552	—	—	895	—
Margaret Street	58,745	16,158	22,073	1,787	711	831
Westminster Rd.	37,617	20,406	13,046	4,611	530	833
Lister Drive ...	24,391	17,125	—	—	—	—
Picton Road ...	15,714	8,726	—	—	771	293
Speke Road ...	23,239	14,532	11,025	3,193	—	—
Beacon Street ...	—	—	—	—	2,966	—
Queen's Drive ...	22,446	15,675	—	—	—	—
Woolton ...	2,397	1,548	—	—	144	173
Stebble Street ...	38,446	18,245	16,344	2,526	1,237	1,666
Lodge Lane ...	23,413	15,879	7,233	1,956	621	553
Burroughs Gdns.	25,062	10,649	5,761	1,729	1,049	1,155
Netherfield Rd. ...	—	—	—	—	—	690
Minshull Street	—	—	—	—	393	675
Melrose Road ...	—	—	—	—	1,610	1,476
Kensington ...	—	—	—	—	509	446
	288,063	149,495	75,482	15,802	11,427	8,791
	437,558		91,284		20,218	
Totals for 1931 ...	411,735		78,163		17,565	

School Plunge Baths Attendances, 1932.

Name of School Bath.	Size of Bath.	No. of weeks Bath was in use in 1931.	Attendances.		Other Schools using bath.
			Boys.	Girls.	
1 Anfield Road	51 ft. × 21 ft.	20	11,000	5,717	{ Townsend Lane Holy Trinity C.E. All Saints R.C.
2 Beaufort Street ...	34 ft. × 16 ft.	23	7,541	4,999	—
3 Birchfield Road ...	58 ft. × 20 ft.	23	8,965	8,065	—
4 Boaler Street	40 ft. × 18 ft.	16	7,538	937	{ Butler Street Sheil Rd.
5 Brae Street.....	25 ft. × 15 ft.	13	648	990	Used only by beginners
6 Daisy Street	19 ft. × 15½ ft.	—	—	—	Rebuilding operations prevented use
7 Breckfield—Venice Street (Boys')	20 ft. × 10 ft.	16	6,789	—	{ Major Lester S. Saviour's C.E.
8 Breckfield—Grantton Road (Girls')	40 ft. × 15 ft.	15	—	3,570	Venice St., Old Scholars
9 Harrington	23¾ ft. × 13½ ft.	14	1,512	1,960	—
10 Heyworth Street ...	30 ft. × 18 ft.	25	2,517	2,020	{ Evening School. Victoria Settlement, during holiday
11 Lawrence Road ...	54 ft. × 24 ft.	25	8,081	9,034	{ Earle Road Boys, Girls Webster Road, St. Hugh's, R.C.
12 Longmoor Lane ...	50 ft. × 20 ft.	22	9,497	5,959	{ Rice Lane Boys', Girls' S. John's C.E., Barlow's Lane Boys' and Girls'
13 Rathbone	21½ ft. × 15½ ft.	20	3,200	2,500	Sacred Heart Boys', Girls'
14 S. Michael's Hamlet	22½ ft. × 18 ft.	18	3,765	4,680	{ Sudley Road, S. Anne's, C.E.
15 Sefton Park	40 ft. × 20 ft.	22	4,160	2,838	Morrison Boys', Girls,
16 Webster Road	24 ft. × 14 ft.	21	2,962	1,777	{ Earle Road Senr. Boys' Senr. Girls, S. Hugh's R.C.
TOTALS			78,175	55,046	

The Voluntary Work of Sports Associations, Organised by Teachers in connection with the Games, Athletics and Swimming of Elementary Scholars "Out of School Hours."

Organised games and competitions after school hours and on Saturdays are conducted by four distinct Sports Committees of Teachers :—

1. THE LIVERPOOL BRANCH OF THE N.U.T. controls the activities of girls.
2. THE LIVERPOOL BRANCH OF THE N.A.S. controls the activities of boys.
3. THE CATHOLIC SCHOOLS ASSOCIATION controls the activities of boys and girls attending Catholic Schools.
4. THE LIVERPOOL SCHOOLS FOOTBALL ASSOCIATION controls all football competitions for boys.

The Annual Reports of the Sports Committees of these Associations shew clearly that splendid results were obtained in 1932, and all teachers concerned are entitled to great praise for their voluntary work on behalf of the physical education of the scholars of Liverpool. It is pleasing to report that the extensive work of these Committees is financially self-supporting.

Extracts from the Hon. Secretaries' Reports are here appended :

By Miss M. H. Parry (Hon. Secretary, Sports Committee, Liverpool Branch N.U.T.):—

"The Sports Committee presents its report for 1932 and has much pleasure in recording a further year of sustained effort and progress."

"The usual competitions, Netball, Hockey, Rounders, Swimming and Athletics have been held and the standard of proficiency has been well maintained."

NETBALL.

"In the Senior Leagues 34 took part, whilst 25 Schools entered the Junior Leagues. In addition, a K.O. Competition was also held."

"A new and welcome feature this season was the inter-city fixture played with Manchester, Liverpool winning both games by a narrow margin. This match fore-shadowed the coming of an inter-city league in Lancashire, which is now an established fact."

HOCKEY.

“ This sport still bravely carries on in spite of adverse conditions, difficulties of ground, etc., and the nine schools taking part in the competition experienced a “most enjoyable season.”

ROUNDERS.

“ This most popular of summer games was more strongly supported than ever, “no fewer than 122 teams entering the various competitions, this constituting a “record.”

“ We are pleased to report the revival of a fixture with Birkenhead. Two “interesting games were played.”

DANCE FESTIVAL.

“ This still continues to be a pleasing feature of Finals Day. An alteration of “programme is to be noted this year. The popularity of Scottish and Irish Country “Dancing caused the Committee to arrange for collective schools to present these “instead of the usual dances in costume by individual schools.”

“ This programme was contributed to by 33 schools, which was a record number.”

ATHLETIC FESTIVAL.

“ As last year, four district trials were held prior to the main festival.

At Sandown Park	...	624	entries.
Jericho Farm	...	782	„
Back Lane	...	829	„
Long Lane	...	679	„

“ This huge entry of almost 3,000 children was a gratifying response from the “schools of the city, and ensured that the Main Festival, held on Empire Day at “Sandown Park, would reach a high standard.”

“ 591 Competitors and 42 squadron teams took part in the Finals.”

COUNTY FESTIVAL.

“ The County Festival was held at Stanley Park, Blackpool, on Saturday, “June 10th.”

“ The Girls’ Team did not retain possession of the Mrs. Aitken Trophy, being “defeated by Blackpool Girls. Our team tied for second place with Nelson Girls.”

“ The joint trophy was again retained by the Liverpool team of boys and girls.”

SWIMMING.

“ This year 107 schools entered the Leagues competition, and 78 entered for the “Championships.”

CERTIFICATES.

Third Class	...	...	1,807
Back Stroke	...	...	1,262
Second Class	...	...	1,142
First Class	...	...	407

“ This number of certificates issued (4,618) is easily a record, and a comparison with the figures of last year shows an increase of 1,453. This is a splendid achievement.”

GALAS.

“ Eight district galas were held, and all were carried out with the usual highly efficient organisation.”

“ The Sports Committee wishes to express its very sincere thanks to all those who have so willingly and generously supported its work during the past year.”

By Mr. G. Ashplant (Hon. Secretary, Sports Committee, Liverpool Branch N.A.S.):—

“ Gentlemen,

“ Your Sports Committee has pleasure in reporting another highly satisfactory year of work on behalf of the sports and athletics of our Liverpool Schoolboys.”

FOOTBALL.

“ For the first time in the history of the L.A.S., football holds no place in the Annual Report, control of the game having passed out of our hands.”

CRICKET.

“ During the past seasons it has always been a pleasure to record an increase in the number of teams taking part in the Cricket competition. This year we have to report a decrease of 13. Probably this is due to the alteration, last year, of the rule governing interchangeability of players, many schools not being able to run teams A, B and C under those conditions. The total number of teams entered was 140, representing 77 schools.”

“ A precedent has been established with regard to the relationship between Elementary Schoolboy Cricket and that of The Liverpool College.”

“ Arrangements were made for a match between the College Junior XI and an XI representing the City Schoolboys. It is hoped to make this an annual fixture, and thus promote a sportsmanlike fellowship between different groups of boys.”

BASEBALL.

“ The season, from a Baseball point of view, has been both satisfactory and gratifying, as there seems but little doubt that a period of great progress in the game is before us. Fifty-five teams entered the various leagues, this being an increase of 6 on last year, the most gratifying feature being the increase of three schools in the Junior section. The first K.O. Competition was a great success.”

ATHLETIC FESTIVAL.

“ For the first time for many years the Athletic Festival was marred by inclement weather. District Festivals were run under adverse conditions, and the Championship Festival had to be postponed for a few days, taking place finally on May 24th, at the Police Grounds. All District Festivals were run on similar lines to previous

“years, and over 80 schools, representing nearly 2,500 entries, took part. Massed Drill Displays, by boys from several schools, together with an exhibition of Morris Dancing by boys, were much appreciated by those present.”

COUNTY FESTIVAL.

“The Liverpool Boys, for the fifth successive year, won the Lancashire Championship, at Blackpool, the joint trophy for boys and girls also being retained by Liverpool.”

SWIMMING.

“The number of schools entering was the same as last year, but there was an increase in the number of teams from 116 to 121. Finals were held at the various galas and close races were seen.”

“Nine galas were organised, most of which enjoyed packed houses.”

“The Swimming Championships (Individual) attracted many entrants, and 31 boys were successful in securing the framed certificates awarded for Standard Times.”

“There was an increase of 131 Swimming Certificates over the figures of last year, the total number being 2,833, as compared with 2,702, the allocation being as follows :—Beginners, 1,606 ; Distance, 1,059 ; Speed, 142 ; Proficiency, 26—these being spread over 93 schools.”

“A further increase is recorded in the total awards for Life Saving, in connection with the R.L.S.S.”

“Your Committee again tenders its cordial thanks to all those who, outside our Association, have rendered us their support and assistance.”

“To all our colleagues who have in any way helped to make this such a successful year from a sports point of view, we express our gratitude, and to that great body of teachers who give so largely and willingly of their leisure to inculcate the true spirit of sport in our boys, and without whom the successes in this report could not have been achieved, your Sports Committee expresses its very great appreciation of their services.”

By Mr. H. G. Turner (Hon. Secretary, Catholic Elementary Schools Athletic Association):—

“The Management Committee have very great pleasure in presenting their report of the various activities organised by this Association during the year 1932, and wish to record their appreciation of the services of the Schools Sports Representatives and others who have helped to make these activities so successful.”

FOOTBALL.

“Thirty-six schools entered Senior teams in the leagues this year, while eighteen junior teams took part in the Junior Leagues Competition. These leagues were

“divided, as in former years, into North and South Divisions. Exceptionally fine football weather has been enjoyed practically throughout the season and consequently only a very small number of fixtures were not completed.”

“The standard of football has been well maintained. Several of the Championship and Competition matches have been of such a high standard as to excite favourable comments from officials of the Senior Clubs.”

SUMMER GAMES.

“We are pleased to be able to report an increase in the number of teams in each of our Summer Games Activities—Cricket, Baseball, Rounders and Swimming. An innovation this year was the introduction of Knock-out Competitions in the Cricket and Baseball sections for trophies recently presented.”

CRICKET.

“Twenty-eight teams formed four leagues and all games were played with great enthusiasm.”

BASEBALL.

“A further sign of the increasing popularity of this game was recorded by a larger number of teams competing. Twenty-two teams competed in league and Knock-out Competitions and great hopes are entertained for the number of entries in the coming season.”

SWIMMING.

“This still remains a poorly supported activity, although the number of entries increased by seven. The Swimming Galas, however, did much to recompense for the comparatively small number of teams competing.”

NETBALL.

“A decided decrease in the entries. Only twelve teams competed in the Senior Leagues, whilst the juniors remained the same—eleven teams. Despite the small leagues, the quality of play was exceptionally high and several girls were selected for inter-town honours.”

ROUNDERS.

“Two leagues were formed, increased number of entries pointing to a return to the former standard of keenness.”

SPORTS FESTIVAL.

“The Thirteenth Annual Athletic Festival was held at Liverpool F.C. Ground. Everything was in our favour from the beginning—weather, enthusiasm, support and entries. Four thousand, two hundred children participated—a record—and several records were broken, notably the High Jump.”

“Never before have the committee been called upon to make arrangements for such a large number of entries.”

By Mr. H. R. Atherley (Hon. Secretary, Liverpool Schools' Football Association):—

“Gentlemen,

“It is my pleasure and privilege to present to you the first report of the workings of the Liverpool Schools Football Association as the sole control of schoolboy football in Liverpool.”

“The past year has been one full of interest and excitement, and to us as a Committee new to the work, it has presented a most difficult and time-demanding task. We sincerely hope that we have furthered the cause for which this Association stands—to help the boy of Liverpool, through this great winter sport, to become a ‘sportsman.’”

“To put things absolutely in order, so that there should be one body only controlling schools football in the City, we found it necessary to approach the Catholic Schools Football Association. We found their officers very willing to co-operate.”

CITY TEAM.

“In the Lancashire Cup we had a bye, beat Lancaster 3-1, then fell to Southport, 2-1.”

“In the Merseyside Competition we beat Waterloo 5-1, but Birkenhead beat us in the semi-final after a replay, 2-2 and 3-2.”

“In the English Shield we got to the fifth round.”

LEAGUES.

“Thirty-three ‘A’ schools provided 89 teams; 35 ‘B’ schools sent 45 teams; 11 teams from ‘C’ schools, and the innovation of last year of a ‘D’ division for boys under 11 years old produced 10 teams.”

“The Knock-out Competition included 22 teams from the South and 24 from the North of the City.”

In presenting this report to the Elementary Education Subcommittee, the Inspector of Physical Training wishes to emphasise the importance and extent of this “After School” work of the teachers of Liverpool, and recommends that a letter of appreciation be sent to each of the four Associations referred to.

ALFRED E. HARRIS,
Inspector of Physical Training.

February, 1933.